

Name  
in  
Full

Ann Jane Adams.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Govanstown<sup>County</sup> Balto

Date of death 1905 April

Day 29

Age 83

Months —

Days —

Sex Female

Color or  
Race

white

Birth-  
place

anterior Ireland

Occupation

Housewife

Where Residing if not  
at place of death

Govanstown Md

Married, Single  
or Widowed

widowed

Name of Wife or  
Husband

Thomas Adams.

Father's  
Name

not known

Father's  
Birthplace

Ireland.

Mother's  
Maiden Name

not known

Mother's  
Birthplace

Ireland

Name of person giving  
information

George Gardner

How related  
to deceased

not related.

## CAUSES OF DEATH

Primary

Senility

How long

2 yr.

Immediate

Hypostatic Pneumonia

How long

3 da.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H C Hesser MD

Address

Sta H Govan Balto  
Md.

Accident or Suicide?

Interment at  
Baltimore Cemetery

May 1/95

William Cook  
502 E. North Ave

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary A. Adams* Town *Catonville* County *Balto*

Died at *Catonville* *Balto*

Date of death 1905- *Apr* Month *25* Day *Age 77* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Bernard Logue* Father's Birthplace *Md*

Mother's Maiden Name *E. L. Logue* Mother's Birthplace *Md*

Name of person giving information *Samuel J. Evans* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *12 days*

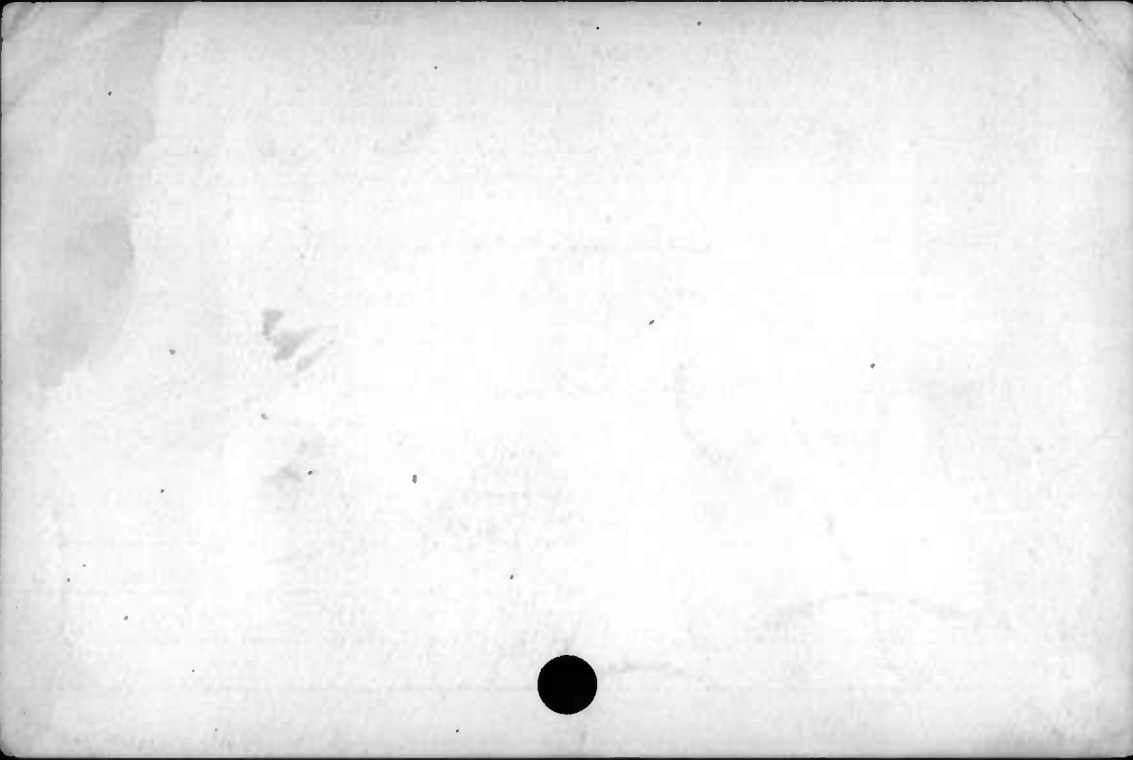
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. Whitley*

Address *Catonville Md*

Accident or Suicide? *9*



Name  
in  
Full

Alice A. Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pikesville		County Baltimore		MARYLAND	
Date of death 190		5	Month 4	Day 5	Age 43	Months 11	Days 0
Sex Female		Color or Race White		Birth- place Randallstown			
Married, Single or Widowed		Married		Occupation Wife & Mother			
Name of Wife or Husband		Elias R. Allen					
Father's Name		Henry Trieschmann				Father's Birthplace Germany	
Mother's Maiden Name		Brithman				Mother's Birthplace Germany	
Name of person giving Information		W <sup>m</sup> H. Allen				How related to deceased Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cold	How long	about one week
Immediate	Pneumonia	How long	five days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W H Campbell	
		Address Crown's Knolls, Md	
Accident or Suicide?			

W. J. Schilling 78 Popplestone St  
Baltimore City

78 Apr 8-05 -

~~1111 Olive~~ Balto. Co. Md,  
Druid Ridge

Name  
in  
Full

Mrs Ida Flint Algire

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gorame,</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Apr</i>	Day <i>24</i>	Age <i>49</i>	Months <i>4</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name or Wife or Husband <i>Joe P. Algire,</i>				
Father's Name <i>Wesley Flint</i>	Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Caroline Farnell</i>	Mother's Birthplace <i>Carlisle Pa</i>				
Name of person giving information <i>Mrs J P Algire</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

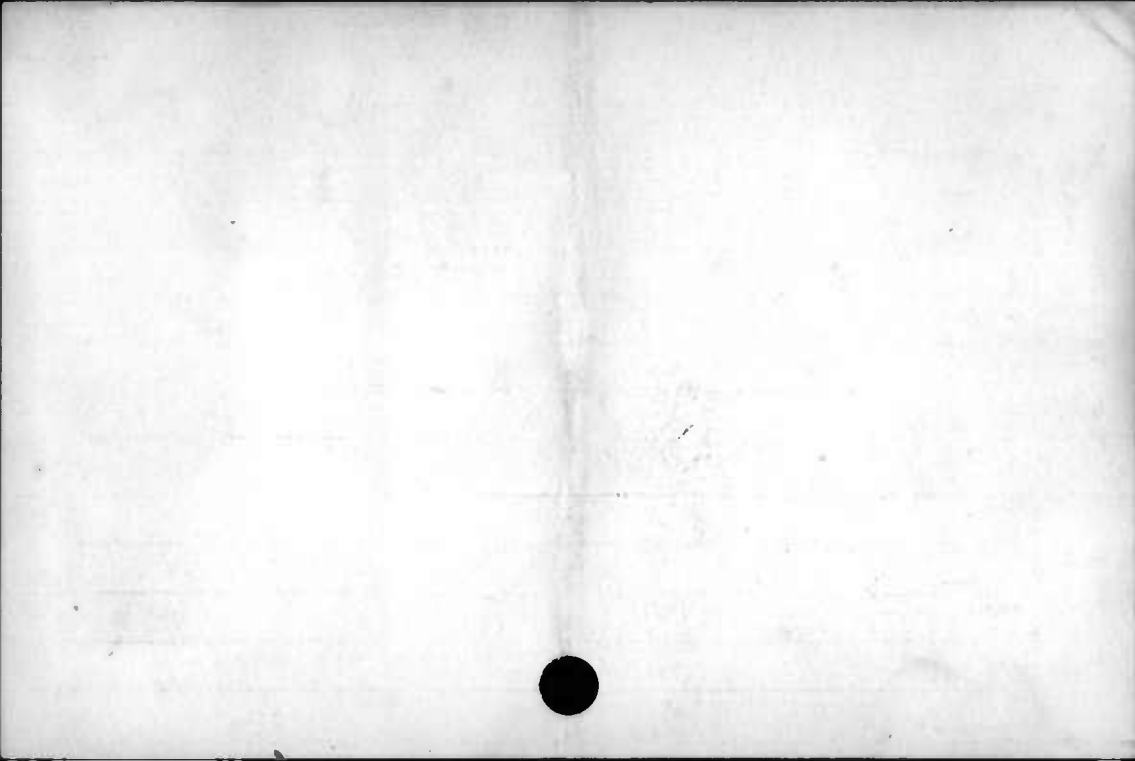
PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>20 mo</i>
Immediate <i>Fracture</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. H. H. H.</i>
	Address <i>Sta 14. Baltimore</i>
Accident or Suicide?	<i>MD</i>

Wm. Routson  
Stone Chapel Pickersville



Name in Full <b>Leillie M. Anderson</b>		CERTIFICATE OF DEATH	
Died at <b>Blenheim</b> Town		<b>Baltimore</b> County	
Date of death 190 <b>5</b> Month <b>April</b> Day <b>29</b>		Age <b>25</b> Years Months <b>3</b> Days <b>9</b>	
Sex <b>Female</b>		Color or Race <b>colored</b>	
Married, Single or Widowed <b>Single</b>		Occupation <b>Servant</b>	
Name of Wife or Husband _____			
Father's Name <b>Chas. Anderson</b>		Father's Birthplace <b>Balto. Co. Md.</b>	
Mother's Maiden Name <b>Leillie Anderson</b>		Mother's Birthplace <b>" " "</b>	
Name of person giving information <b>Chas. Anderson</b>		How related to deceased <b>Brother</b>	
CAUSES OF DEATH			
Primary <b>Paralysis</b>		How long <b>one week.</b>	
Immediate <b>"</b>		How long <b>" "</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>J. S. Green</b>	
_____		Address <b>Sittings</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Highlandtown* <sup>Town</sup>

County

*Balto*

Date

of death

*1903*

Month

*April*

Day

*16*

Age

Years

*7*

Months

*7 m.*

Days

Sex

*male*Color or  
Race*white*Birth-  
place*Balto. Co.*

Occupation

Where Residing if not  
at place of death*910 First St.*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Joseph Balling*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Maggie Getz*Mother's  
Birthplace*4*Name of person giving  
information*father*How related  
to deceased

## CAUSES OF DEATH

Primary

*Pneumonia*

How long

*about a week*

Immediate

*Convulsions*

How long

*one day*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. W. Chesebrough*

Address

*207 3 Canton Sts*

Accident or Suicide?

Sacret Heart Am  
J Herwig & Son  
4/18/05

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i> <i>Hullville</i>		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>14</i>	Age <i>90</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Levant</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Bertine Chase</i>				How related to deceased <i>Spouse</i>	

## CAUSES OF DEATH

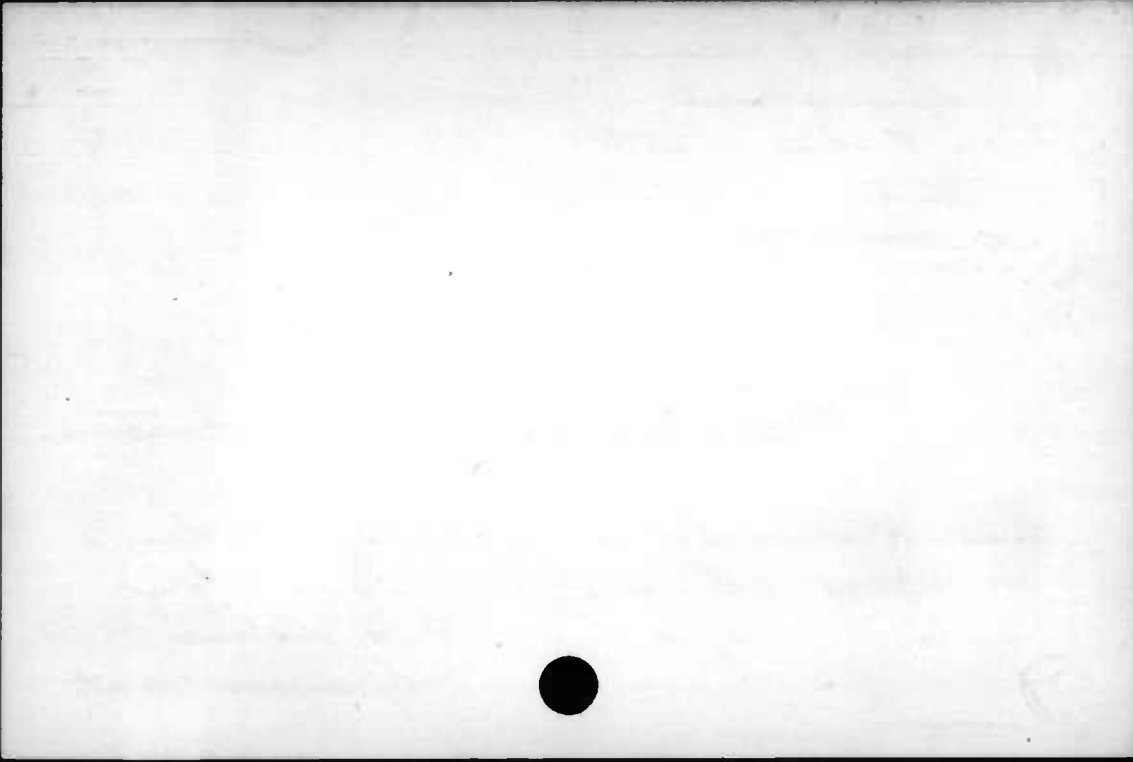
PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>August W. Miller, Coroner</i>
<i>Yes.</i>	Address <i>1901 Winans</i>
Accident or Suicide? <i>Natural causes</i>	<i>Mr.</i>

Mr

Gen. Hooper

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hamilton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		
		Date of death <u>1905</u>		Month <u>4</u>	Day <u>6</u>	Age <u>56</u>
		Sex <u>Male</u>		Color or Race		Birth-place
		Occupation <u>Farmer</u>		Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband		
		Father's Name		Father's Birthplace		
		Mother's Maiden Name		Mother's Birthplace		
Name of person giving information <u>Maggie L. Bauer</u>		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Endocarditis Cardiac Hypertrophy</u>		How long		
		Immediate <u>Failure of compensation</u>		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Walter H. Vinal</u>		
		Copy by <u>J.H.S.</u>		Address <u>Hamilton Sta.</u>		
		Accident or Suicide?		<u>md</u>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

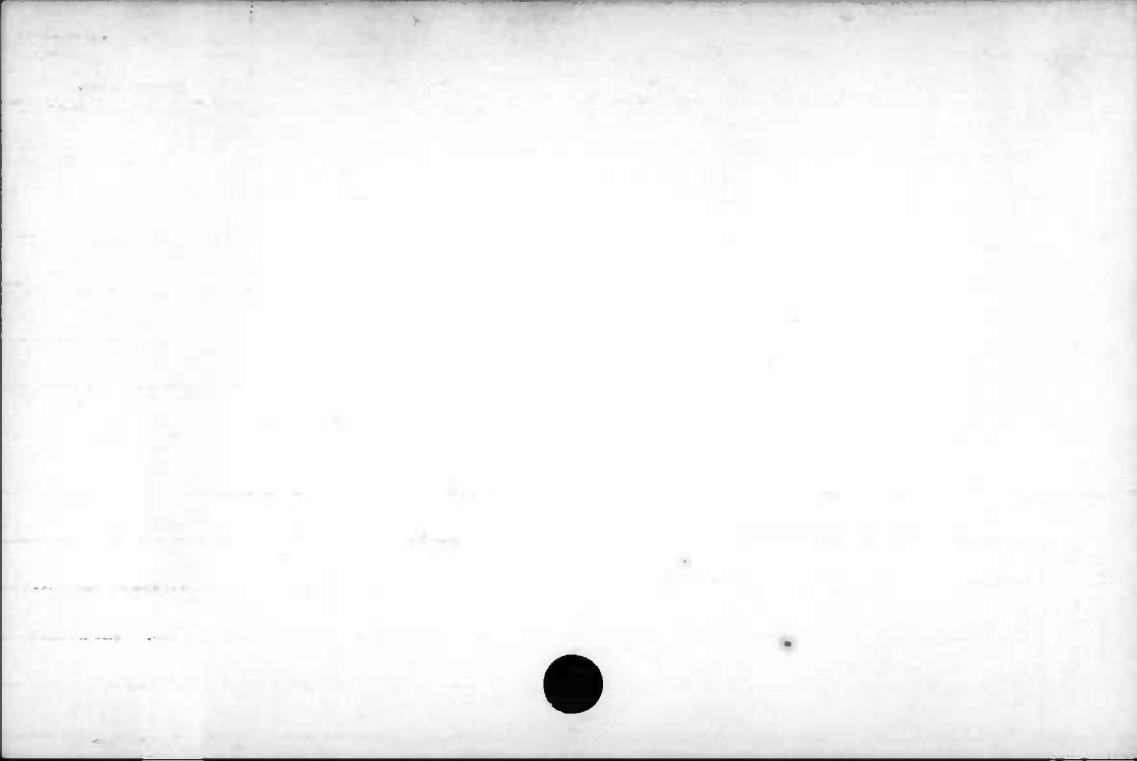
MARYLAND

Died at *Farmington* <sup>Town</sup> *Beth* <sup>County</sup>Date of death *1905* <sup>Month</sup> *Apr* <sup>Day</sup> *6* <sup>Age</sup> *36* <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *white* Birth-place *Maryland*Occupation *Farmer* Where Residing if not at place of death *Farmington Md*~~Married, Single or Widowed~~ *Widowed* Name of Wife or Husband *Maggie Anne Bauer*Father's Name *Joe Bauer* Father's Birthplace *Germany*Mother's Maiden Name *Lucie Mary* Mother's BirthplaceName of person giving information *Maggie Bauer* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Endocarditis* *79* How longImmediate *Failure of Compensation* How longAre the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Walter H. Javal*Address *St. Louis*

Accident or Suicide?



Name  
in  
Full

Walter S. Beale

## CERTIFICATE OF DEATH

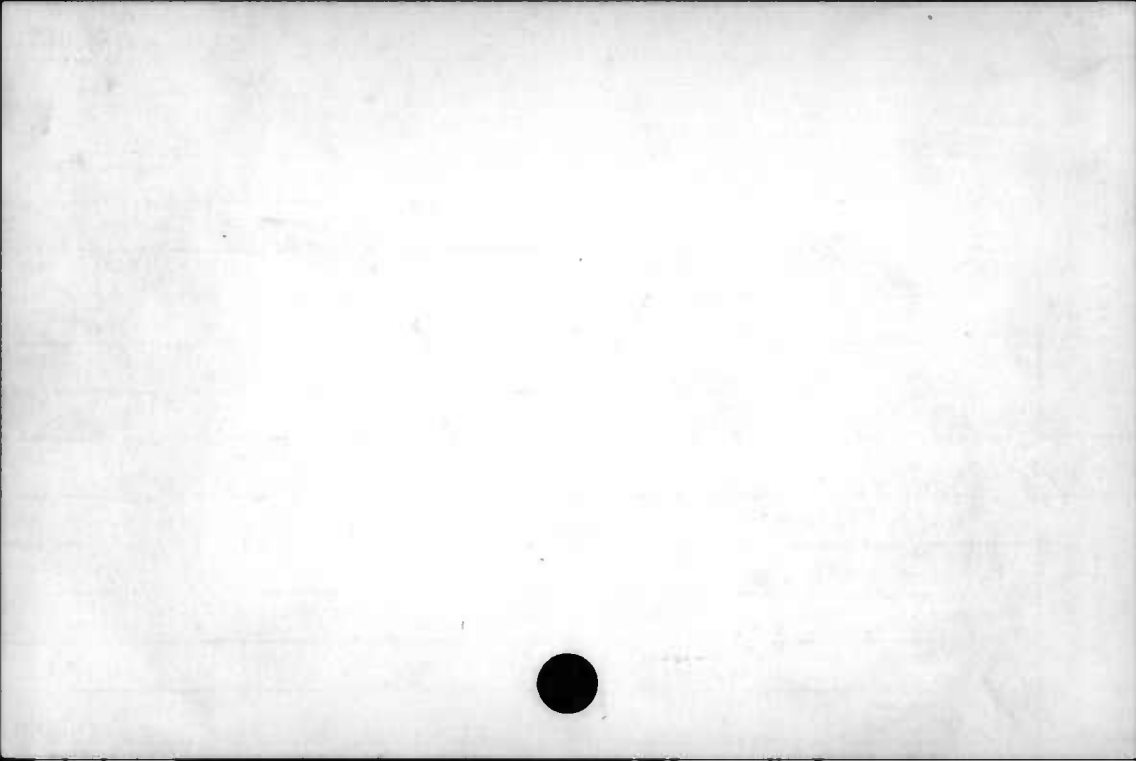
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spinnis Point</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	April	Day	2nd	Age	Years
						Months	Days
Sex	<i>Male</i>		Color or Race	<i>Negro</i>		Birth-place	<i>Spinnis Point</i>
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>W. C. Beale</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Gertude Gibson</i>				Mother's Birthplace <i>Va</i>			
Name of person giving Information <i>W. C. Beale</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>Emphysema</i>	How long	<i>9 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>F. C. Elwood M.D.</i>	
		Address	
		<i>Spinnis Point</i>	
Accident or Suicide			



Name  
in  
Full

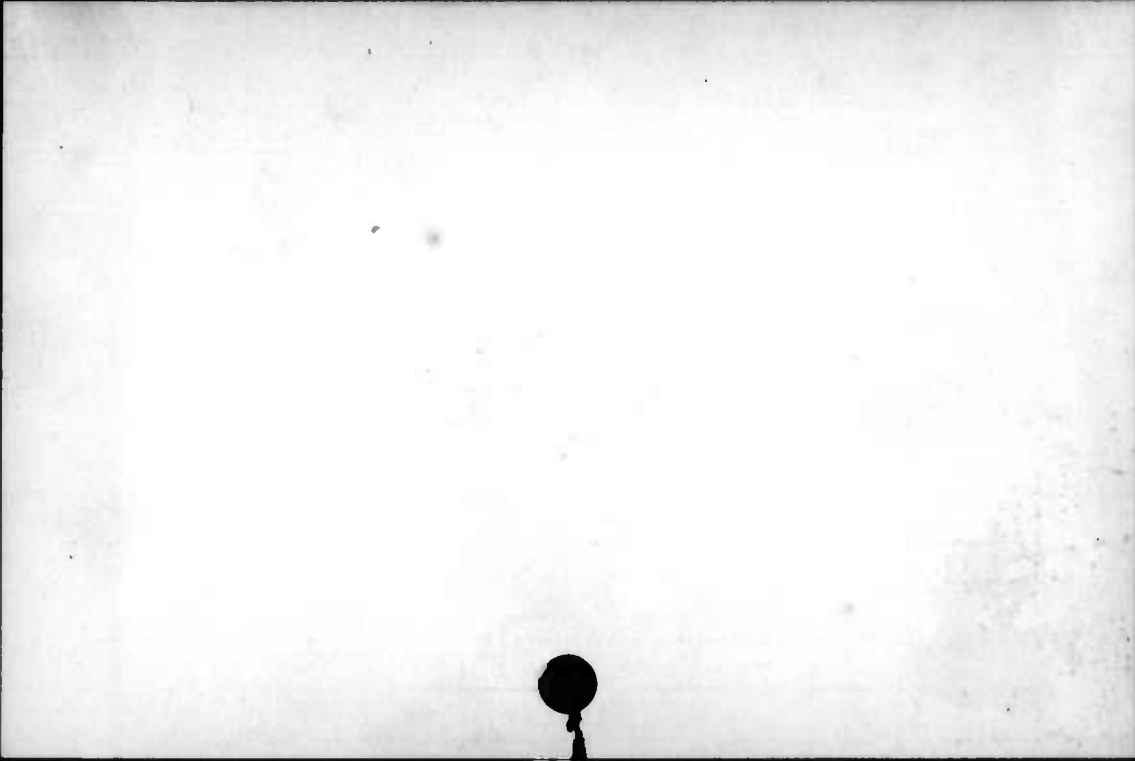
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>William Bell</i>		Town <i>Putty Hill</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 190 <i>5</i>		Age <i>70</i>		Months <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband <i>Mary Cunn</i>							
Father's Name <i>was Bell</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>Mrs. John Stokes</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary &amp; Intestinal Tubercu- losis.</i>	How long <i>More than a year.</i>
Immediate <i>Asthenia.</i>	How long <i>About 3 months.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. J. Harrison.</i>
<i>J</i>	Address <i>Loch Raven.</i>
Accident or Suicide?	



Name  
in  
Full

Henry Benderwald

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Catonsville <sup>County</sup> Baltimore

**Date** of death 1905 <sup>Month</sup> April <sup>Day</sup> 27 <sup>Years</sup> Age 81 <sup>Months</sup> 1 <sup>Days</sup> ?

**Sex** Male **Color or Race** White **Birth-place** Germany

**Married, Single or Widowed** Married **Occupation** Unknown

**Name of Wife or Husband** Unknown

**Father's Name** Unknown **Father's Birthplace** Unknown

**Mother's Maiden Name** Unknown **Mother's Birthplace** Unknown

**Name of person giving information** From Hospital Records **How related to deceased** —

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

**Primary** Chronic Bright's Disease **How long** 4 years —

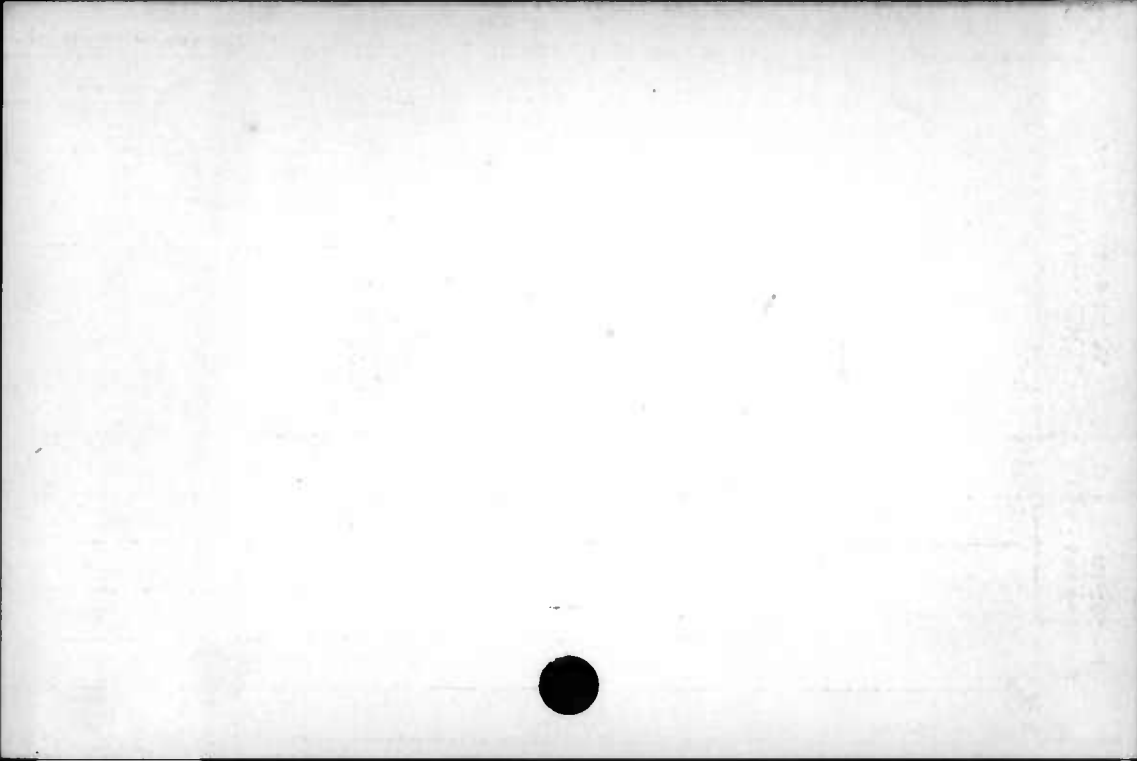
**Immediate** Mitral Insufficiency **How long** 1 month

**Are the name, age, sex, color, date and place correctly given above?** Yes

**Signature of Physician** R. Edward Garrett

**Address** Catonsville, Md —

**Accident or Suicide?** Neither





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>			
Date of death <i>1905</i> <sup>Month</sup> <i>4</i> <sup>Day</sup> <i>29</i>		Age <i>2</i> <sup>Years</sup>		<i>4</i> <sup>Months</sup> <i></i> <sup>Days</sup>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>401 Eastern Ave</i>			
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband <i></i>			
Father's Name <i>George Billing</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Elizabeth Schwartz</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Geo. Billing</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>	How long <i>4 days</i>	
	Immediate <i>Exhaustion</i>	How long <i>2 hours</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Truett</i>	
	Accident or Suicide? <i>No</i>	Address <i>3rd and South</i>	

Holy Redeemer Lem.  
J. Herwig & Son  
4, 130/05

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Blackstone*

Town *Lansdowne* County *Balt* MARYLAND

Died at *Lansdowne*

Date of death *1905* Month *April* Day *23* Age *1* Years *and* *3* Months *1* Days *3*

Sex *male* Color or Race *—* Birth-place *Balt Co. Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Robert Blackstone* Father's Birthplace *A.A.C. Md.*

Mother's Maiden Name *Mary Parker* Mother's Birthplace *A.A.C. Md*

Name of person giving information *Robert Blackstone* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Convulsions* How long *2 days*

Immediate *4* How long *4*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank H. Ruhl*

Address *Lansdowne - Md*

Accident or Suicide? *—*

Ernst Aspen

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		5	Month	4	Day	24	Age
					Years	32	Months
					Days		
Sex	Male		Color or Race	white		Birth-place	Ind
Married, Single or Widowed	single		Occupation	Laborer			
Name of Wife or Husband							
Father's Name				John Blizard			
Mother's Maiden Name				Cady Blizard Kemp			
Name of person giving information				Thomas Callahan			
Father's Birthplace				Ind			
Mother's Birthplace				Ind			
How related to deceased				none			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lungs		How long	2 years
Immediate	at		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			J. A. Wilson	
			Houlbary Ind	
Accident or Suicide?				

Mt Gilard

Name in Full		Elmer Bowers				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		5th Mc Skull Road		County		BALTO		
	Date of death		1905	Month 4	Day 16	Age 64	Months	Days	
	Sex		Male		Color or Race		White		
	Occupation		Laborer		Where Residing if not at place of death		5th Mc Skull Road		
	Married, Single or Widowed		Married		Name of Wife or Husband		Mary Bowers		
	Father's Name				Father's Birthplace				
	Mother's Maiden Name				Mother's Birthplace				
	Name of person giving information		Mary Bowers		How related to deceased		Wife		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Chronic Diarrhea			How long		Three years	
	Immediate		Inanition			How long			
	Are the name, age, sex, color, date and place correctly given above?		YES			Signature of Physician		E. J. Williams	
	Address		114 Chesapeake St						
Accident or Suicide?		No							

*MA Carmel Linn*

~~Sacred Heart Cemetery~~

J. Herwig & Son

2008 Orleans St.

4/18/05



Name  
in  
Full

Otto Briner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown		<sup>County</sup> Baltimore		MARYLAND	
Date of death	1900	<sup>Month</sup> April	<sup>Day</sup> 11	<sup>Years</sup> 35	<sup>Months</sup> 1 <sup>Days</sup> 1
Sex	Male	Color or Race	White	Birth-place	Switzerland
Occupation	Machinist		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Rosa Hagonan		
Father's Name	Heinrich Briner		Father's Birthplace	Switzerland	
Mother's Maiden Name	Louisa Mertz		Mother's Birthplace	"	
Name of person giving information	Rosa Briner		How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ascending Spinal Paralysis	How long	4 days
Immediate	~	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. A. Glantz M.D.
		Address	41 Eastern Ave. Et.
Accident or Suicide?			

Mount Carmel Cemetery

April 12<sup>th</sup> 1905

Germanus France

Name  
in  
Full

Frank Brooks

Brooks

## CERTIFICATE OF DEATH

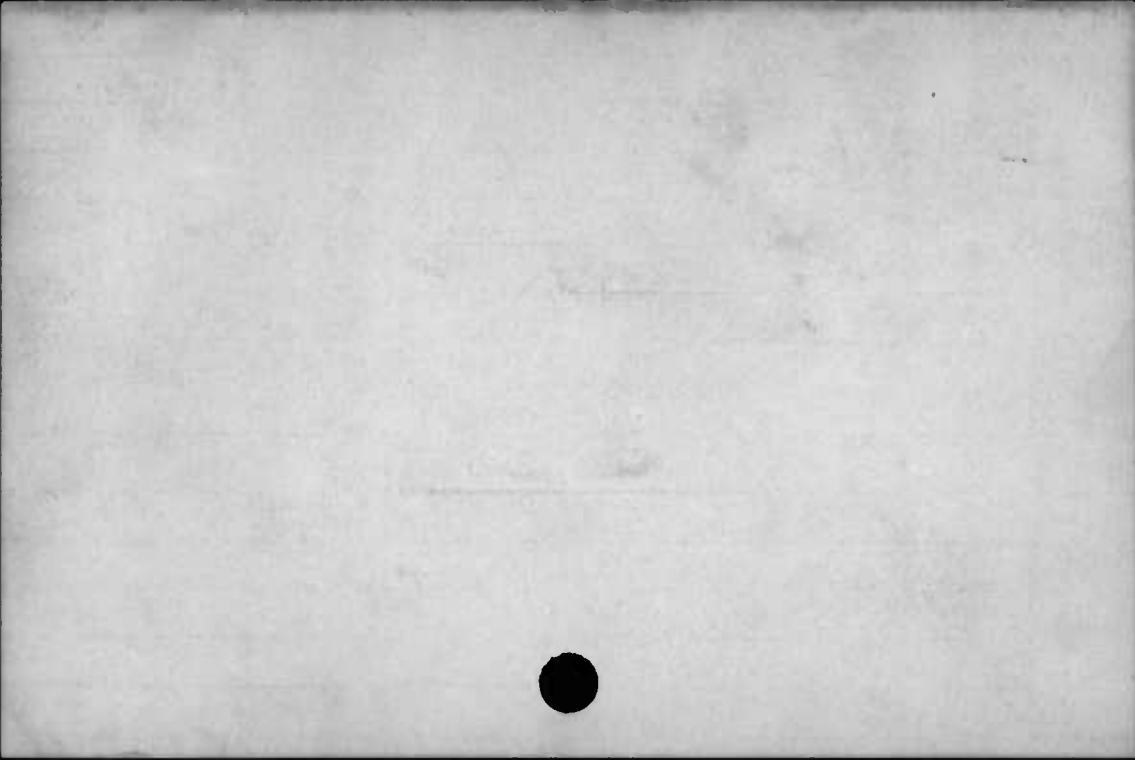
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Woodlawn</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	<i>Apr</i> <sup>Month</sup>	<i>9th</i> <sup>Day</sup>	<i>20</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup> <i>2</i> <sup>Days</sup>
Sex	<i>male</i>	Color or Race	<i>black</i>	Birth-place	<i>Balto Co</i>
Occupation	<i>Farm work</i>		Where Residing if not at place of death <i>Woodlawn Md</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>John Brooks</i>				Father's Birthplace <i>Md</i>
Mother's Maiden Name	<i>Mariah Walker</i>				Mother's Birthplace <i>Md</i>
Name of person giving information	<i>John Brooks</i>				How related to deceased <i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Microp. Tuberculosis</i>	How long	<i>2 weeks</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. P. Smith</i>	
<i>per</i>		Address <i>Woodlawn Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Ida May Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butte</i> <sup>Town</sup>		<i>Butte</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>11</i>	Day <i>24</i>	Age <i>2</i>	Years <i>2</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Martha Mills</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Mrs. Brown</i>			Father's Birthplace <i>Martha Mills</i>		
Mother's Maiden Name <i>Jane Ann Legg</i>			Mother's Birthplace <i>Butte</i>		
Name of person giving information <i>Father (Mr. Brown)</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Croup</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. P. Frank</i>
<i>D</i>	Address <i>Butte</i>
	Accident or Suicide? <i>—</i>

Bureau at Pine Grove  
Rock Co.

Nov 25

Home letter from

Name  
in  
Full

*no name*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrows Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Apr.</i>	Day <i>10<sup>th</sup></i>	Years	Months	Day <i>1</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Sparrows Point</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Max Bruce</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Betty Vaughn</i>			Mother's Birthplace <i>Va</i>		
Name of person giving Information <i>Ben Vaughn</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature birth - 7 mo.</i>	How long
Immediate <i>exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. O. McCormick M.D.</i>
	Address <i>Sparrows Point. Md.</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Adele L. Bryan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hightlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190		Month <i>April</i>	Day <i>9</i>	Age	Years <i>39</i>	Months <i>11</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Married, Single or Widowed		<i>Married</i>		Occupation <i>—</i>			
Name of Wife or Husband		<i>Thomas J. Bryan</i>					
Father's Name		<i>Geo. C. Fowler</i>				Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name		<i>Archie Courtney</i>				Mother's Birthplace <i>England</i>	
Name of person giving information		<i>Thomas J. Bryan</i>				How related to deceased <i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diffuse tuberculosis</i>	How long	<i>Five weeks</i>
Immediate	<i>Respiratory failure</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. G. Runk</i>	
<div data-bbox="92 859 169 963" style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">0</div>		Address <i>2000 E. Bess. St.</i>	
Accident or Suicide? <i>—</i>			

Balt. leen  
Hansd. Son

Name  
in  
Full

## CERTIFICATE OF DEATH

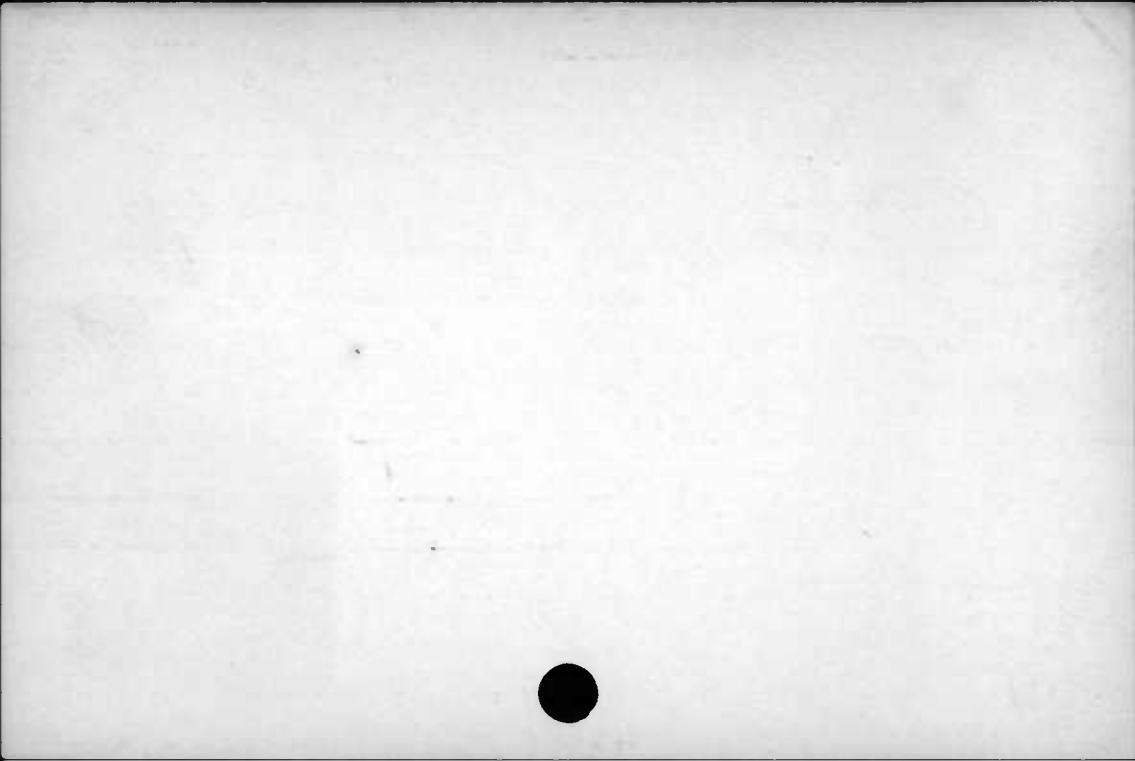
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pikesville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>4</i>	Day <i>28</i>	Years <i>22</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltd. Co</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Operator</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Bupp</i>			Father's Birthplace <i>Penna.</i>		
Mother's Maiden Name <i>Mary Crusey</i>			Mother's Birthplace <i>Baltd. Co</i>		
Name of person giving information <i>C. H. Kraft</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

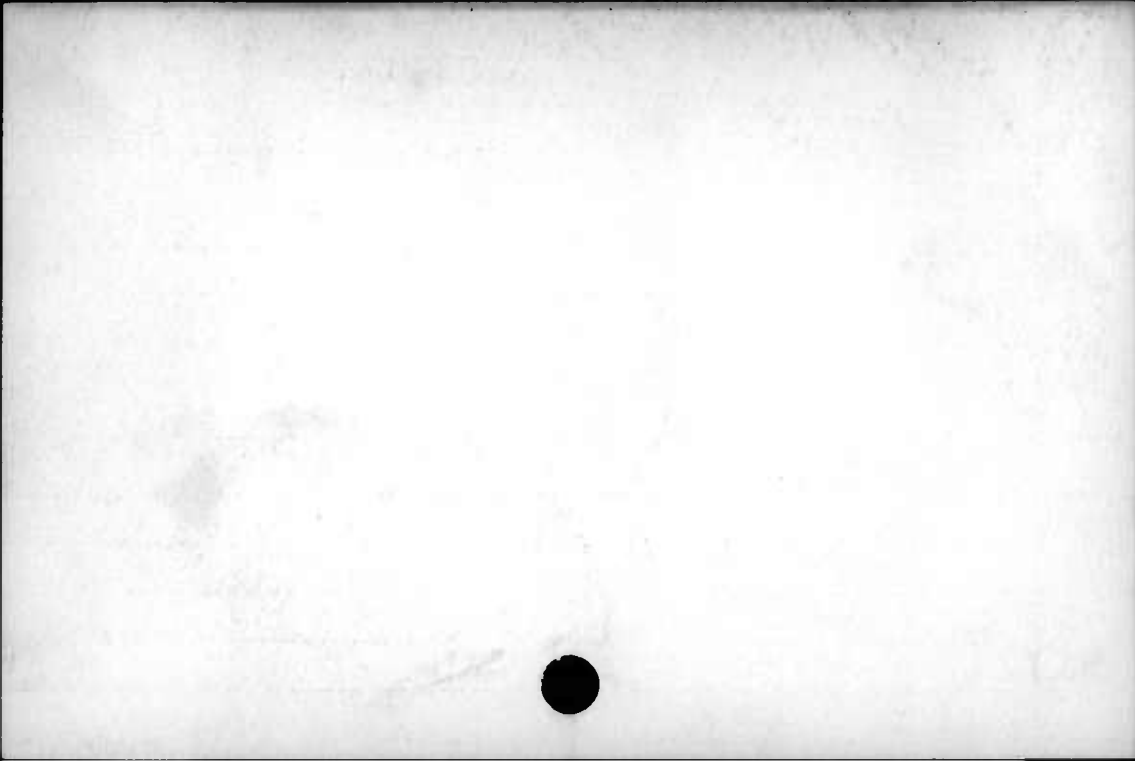
Primary <i>Phthisis</i>	How long <i>4 mo</i>
Immediate <i>Exhaustion</i>	How long <i>4 mo</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Exhaustion</i>
<i>Yes</i>	Address <i>Baltimore</i>
Accident or Suicide?	<i>Copy of sign. (E.E. Jones.)</i>



Name in Full		Frank C. Burnham				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hollis</u> Town		<u>Bethesda</u> County		MARYLAND		
		Date of death	190	Month <u>April</u>	Day <u>5</u>	Age <u>1</u> Years	Months <u>6</u>	Days <u>29</u>
		Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hollis-Bethesda</u>			
		Occupation <u>Home</u>	Where Residing if not at place of death <u>Hollis Bethesda</u>					
		Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>X</u>					
		Father's Name <u>Frank C. Burnham</u>	Father's Birthplace <u>Baltimore Md</u>					
		Mother's Maiden Name <u>Mary M. La. Sage</u>	Mother's Birthplace <u>Mullin's</u>					
		Name of person giving information <u>Frank C. Burnham</u>	How related to deceased <u>Father</u>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <u>Pneumonia &amp; Bronchitis</u>		How long <u>3 weeks</u>				
		Immediate <u>Meningitis</u>		How long <u>4 days</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr J E Benson</u>				
		<u>Yes</u>		Address <u>Bethesda Md</u>				
		Accident or Suicide? <u>No</u>						

John Burns Sons  
Saler's Patent  
Cem

Name in Full <b>Birtha Burton.</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Orlington</b> <sup>Town</sup>		<b>Baileys</b> <sup>County</sup>
	Date of death 190 <b>5</b> <sup>Month</sup> <b>April</b> <sup>Day</sup> <b>24</b> <sup>Years</sup> <b>12</b> <sup>Months</sup> <b>10</b> <sup>Days</sup> <b>9</b>		<b>MARYLAND</b>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Orlington,</b>
	Married, Single or Widowed <b>Single.</b>		Occupation <b>Schoolgirl.</b>
	Name of Wife or Husband _____		
	Father's Name <b>Clifford Burton.</b>		Father's Birthplace <b>Ind.</b>
	Mother's Maiden Name <b>Ann R Beck.</b>		Mother's Birthplace <b>Ind.</b>
Name of person giving information <b>Ann R Burton</b>		How related to deceased <b>Mother.</b>	
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Tuberculosis of Lungs</b>		How long <b>1 year.</b>
	Immediate <b>Chamaton.</b>		How long <b>6 days.</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>[Signature]</b>
	Address <b>Orlington.</b>		
Accident or Suicide? <b>No</b>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James W Carroll

Town

County

Died at

Abnashouse

Baltimore County

MARYLAND

Date

of death 1905-

Month

4

Day

18

Years

Age

85-

Months

9

Days

2

Sex

Male

Color or  
RaceBirth-  
place

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Catherine A Carroll

Father's  
Name

William Carroll

Father's  
BirthplaceMother's  
Maiden Name

Catherine

Mother's  
BirthplaceName of person giving  
In formation

Catherine A Carroll

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

V161

How long

Suicide by

Immediate

How long

jumping from

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Thos. C. Bussey  
Texas

Accident or Suicide?

PHYSICIAN  
OR CORONER

To be buried  
at Shennond  
cemetery  
Cockeysville

Name in Full		Ruth Alice Cavanaugh				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Calumet</i>		<i>Baltimore</i> County		MARYLAND		
	Date of death	<i>1905</i>	Month	<i>Apr</i>	Day	<i>14</i>	
	Age		<i>12</i>	Years	<i>1</i>	Months	
	Sex		<i>Female</i>	Color or Race	<i>W</i>	Birth-place	
	Occupation		<i>none</i>	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Father's Name		<i>Thomas Francis Cavanaugh</i>		<i>Baltimore</i>			
Mother's Maiden Name		<i>Annie Molloy</i>		Mother's Birthplace			
Name of person giving information		<i>Fannie A Walker</i>		How related to deceased			
				<i>Aunt</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>			How long	<i>5 days</i>	
	Immediate	<i>Exhaustion</i>			How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
				Address			
Accident or Suicide?							

M Cadogan

McKeesport Pa

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Fannie Charlotte		Baltimore		County		MARYLAND							
Date of death		1905		Month 4		Day 3		Age 80		Years 80		Months		Days	
Sex		Female		Color or Race		Colored		Birth-place		Md.					
Occupation				Where Residing if not at place of death											
Married, Single or Widowed				Name of Wife or Husband											
Father's Name				Father's Birthplace											
Mother's Maiden Name				Mother's Birthplace											
Name of person giving information				How related to deceased											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	

*Infirmities of old age*

*Thos. S. Bussey*

*Texas*

*Md.*

To be buried on  
premises.

Name  
in  
Full

Florence Isabelle Clough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Albertain* Town*Baltimore* CountyDate of death *1905 April*Day *24*Age *10*Months *5*Days *28*Sex *Female*Color or  
Race*White*Birth-  
place*Laurel, Md*

Occupation

*School child.*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
Husband*\_\_\_\_\_*Father's  
Name*Wm. H. Clough*Father's  
Birthplace*Dickesville*Mother's  
Maiden Name*Lillian A. Nichols*Mother's  
Birthplace*Montgomery Co., Md*Name of person giving  
information*Wm. H. Clough*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Fracture of the Skull*

How long

Immediate

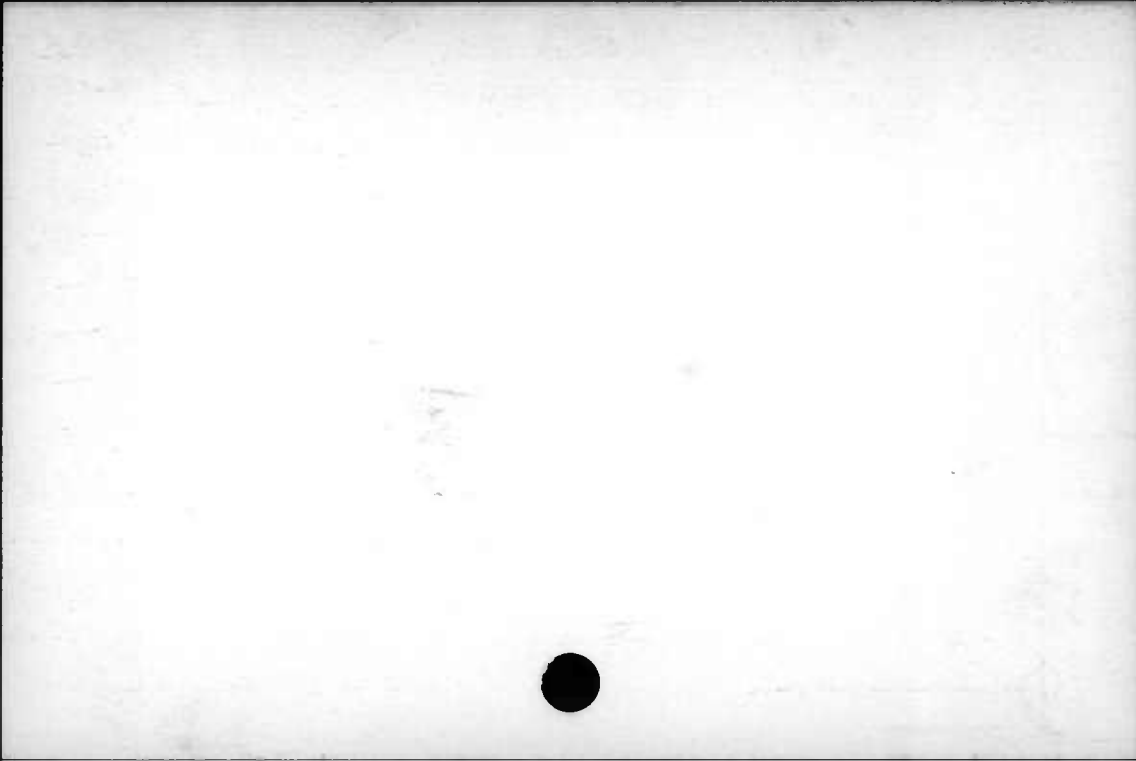
*Shock*

How long

*about one hour*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Wm. B. Gambrell,*

Address

*Albertain, Md.*Accident *\_\_\_\_\_*





Name  
in  
Full

## CERTIFICATE OF DEATH

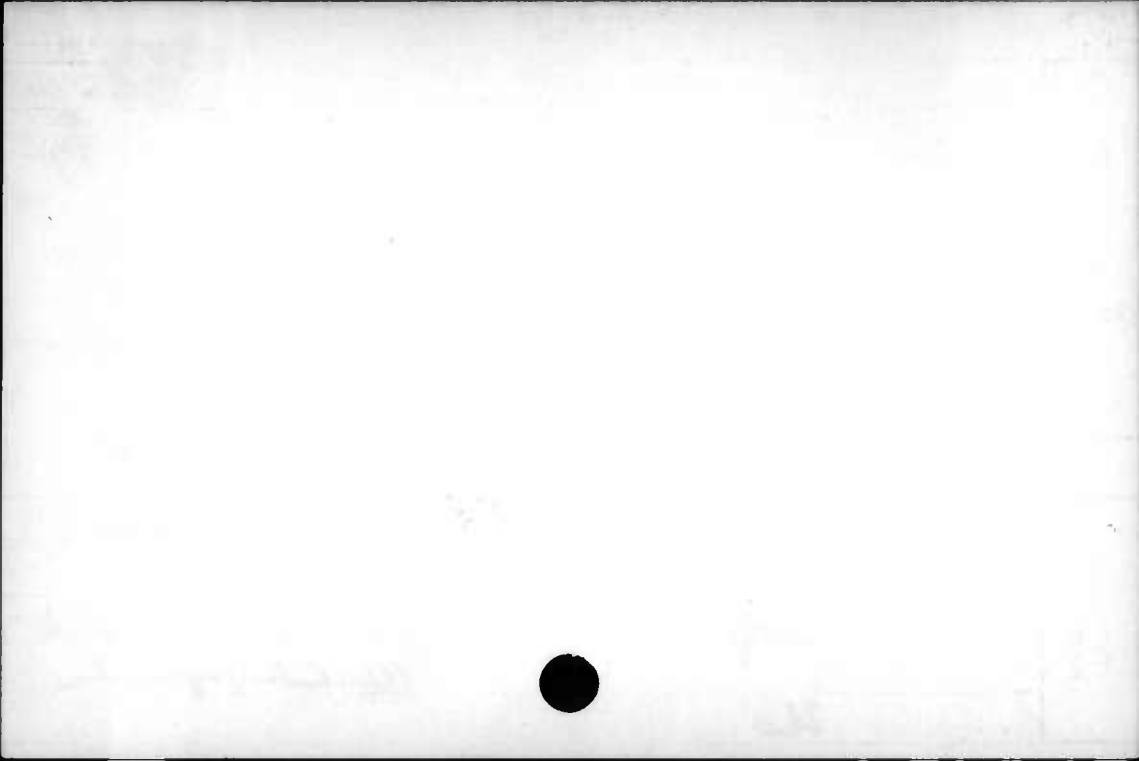
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salmonville</i> <sup>Town</sup>		<i>Boale</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>6th</i>	Age <i>38</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <input checked="" type="checkbox"/>			Father's Birthplace <input checked="" type="checkbox"/>		
Mother's Maiden Name <input checked="" type="checkbox"/>			Mother's Birthplace <input checked="" type="checkbox"/>		
Name of person giving Information <input checked="" type="checkbox"/>			How related to deceased <input checked="" type="checkbox"/>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dementia</i>	How long <i>15 yrs.</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Wade</i>
<i>No.</i>	Address <i>Salmonville, Ind.</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Chas. E. booney</i>		Town <i>Highlandtown</i>		County <i>Balti</i>		MARYLAND	
Died at		Month <i>5</i>		Day <i>23</i>		Years <i>9</i>	
Date of death		<i>1905</i>		<i>23</i>		<i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balti Co</i>		Days	
Occupation <i>none</i>		Where Residing if not at place of death <i>Eastern Ave &amp; 16<sup>th</sup></i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William booney</i>		Father's Birthplace <i>Balti</i>					
Mother's Maiden Name <i>Lillie Dryer</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>William booney</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>1 week</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician  
*E. J. [illegible]*Address  
*1114 Chrysope*Accident or Suicide? *No*

J. Henry & Son  
2008 Orleans St.,  
Trinity term,  
4/25/05

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Davis</i>		Town <i>Falingham</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>4</i>		Day <i>28</i>	
		Age <i>66</i>		Years		Months <i>8</i>	
				Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Mechanic</i>		Where Residing if not at place of death <i>Falingham Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or <i>Edith J. Meakin</i>					
Father's Name <i>John Davis</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Harriet Keely</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Edith Davis</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aphritis</i>	How long <i>5 years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Wards</i>
	Address <i>Sta. Co. City</i>
Accident or Suicide? <i>"</i>	

C. H. Blizzard  
undertake

Name  
in  
Full

Ruth Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Baltimore <sup>Town</sup> Balto <sup>County</sup>

**MARYLAND**

Date of death 1905 <sup>Month</sup> Apr. <sup>Day</sup> 19 <sup>Years</sup> 6 <sup>Months</sup> 3 <sup>Days</sup> 15

Sex Female Color or Race White Birth-place Cety

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name George Davis

Father's Birthplace Balto

Mother's Maiden Name Lillian Smith

Mother's Birthplace "

Name of person giving information Katie Farrell

How related to deceased aunt

## CAUSES OF DEATH

Primary

Siphthuria

How long 3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. L. Peckard M.D.  
910 S. Canton St.

Accident or Suicide? No

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lewis Becker</i>		Town <i>Gittings Ave, Gwynne</i>		County <i>Balto., Md.</i>		MARYLAND	
Died at <i>Gittings Ave, Gwynne</i>		Month <i>4</i>		Day <i>6</i>		Years <i>57</i>	
Date of death <i>1905</i>		Month <i>4</i>		Day <i>6</i>		Years <i>57</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto., Md.</i>		Months <i>11</i>	
Occupation <i>clerk</i>		Where Residing if not at place of death <i>—</i>		Days <i>27</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia A. Becker</i>					
Father's Name <i>Jacob H. Becker</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Julia A. Herring</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving information <i>Wife</i>		How related to deceased <i>—</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aneurysm of Arch of Aorta</i>		How long <i>7 years</i>	
Immediate <i>Heart Failure</i>		How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walton Goligorsky</i>	
Address <i>2020 N. Charles St.</i>			
Accident or Suicide? <i>0</i>		<i>Baltimore, Md.</i>	

Georg. W Little

Greenmount Deny

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Emma A. Dannenfeller*

Died at *Canton* <sup>Town</sup> *Balto* <sup>County</sup> **MARYLAND**

Date of death 190 *5* <sup>Month</sup> *April* <sup>Day</sup> *27* Age <sup>Years</sup> *21* <sup>Months</sup> *2* <sup>Days</sup> *14*

Sex *Female* Color or Race *White* Birth-place *Balto.*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Geo. Dannenfeller* Father's Birthplace *Balto.*

Mother's Maiden Name *Amelia Gager* Mother's Birthplace *Germany*

Name of person giving information *Amelia Dannenfeller* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *13 days*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Rickard M.D.*

Address *910 S. Canton St., Baltimore Md.*

Accident or Suicide? *No*

Mount Carmel  
H. Sanders & Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Philopoli</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1903	Month <i>April</i>	Day <i>3</i>	Age	<i>X</i>	Months <i>3</i>	Days
Sex	<i>Female</i>		Color or Race	<i>colored</i>		Birth-place	<i>Philopoli</i>
Occupation	<i>X</i>			Where Residing if not at place of death		<i>Philopoli</i>	
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband	<i>X</i>			
Father's Name	<i>Lewis Dorsey</i>					Father's Birthplace	<i>Philopoli</i>
Mother's Maiden Name	<i>Dora V. Jenkins</i>					Mother's Birthplace	<i>Philopoli</i>
Name of person giving information						How related to deceased	<i>X4</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Child attended by me 8 weeks ago for influenza having</i>		How long
Immediate	<i>recovered &amp; discharged about 9 days after being sick</i>		How long
Are the name, age, sex, color, date and place correctly given above?		called	
Signature of Physician		<i>R. W. Sherman</i>	
Address		<i>Glencoe</i>	
Died suddenly without attendance by physician.			
Accident or Suicide?			



Name  
in  
Full

William Pittman



## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cowson</i>		Town <i>Cowson</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>30</i>	Age <i>36</i>	Years <i>36</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ohio</i>				
Occupation <i>Builder</i>	Where Residing If not at place of death <i>Cowson</i>						
<del>Married, Single or Widowed</del>		<del>Name of Wife or Husband</del>					
Father's Name <i>?</i>		Father's Birthplace <i>?</i>					
Mother's Maiden Name <i>?</i>		Mother's Birthplace <i>?</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Nephritis + Urtrial Regurgitation</i>	How long <i>6 Wks.</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>20 Minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Royston Greuell, D.S.</i>
	Address <i>Cowson Md.</i>
	
	
Accident or Suicide? <i>2</i>	

Edward Hiderfeld Jr

Bathurst

Place of burial  
not selected



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Robert G. Elderdice</i>		Town <i>Higbladder</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1905 April 21st</i>		Month <i>April</i>		Day <i>21st</i>		Years <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Panna</i>		Months <i>6</i>	
Occupation <i>Insurance Collector</i>		Where Residing if not at place of death <i>—</i>		Days <i>17</i>			
Married, <del>Single</del> or Widowed		Name of Wife or Husband <i>Ruby Elderdice</i>		Father's Name <i>Robert B. Elderdice</i>		Father's Birthplace <i>Pa.</i>	
Mother's Maiden Name <i>Ann A. Cameron</i>		Mother's Birthplace <i>Pa.</i>		Name of person giving information <i>Ruby Elderdice</i>		How related to deceased <i>Wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Prostatitis</i>	How long <i>2 months</i>
Immediate <i>Paralysis of heart</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Schepard</i>
	Address <i>1400 L Street</i>
Accident or Suicide?	

Hernig & Son  
3008 Orleans St

Oak Lawn Cem

4/25/05

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1905

Month

4

Day

22

Age

Years

Months

6

Days

MARYLAND

Sex

Male

Color or  
Race

White

Birth-  
place

Md.

Occupation

None

Where Residing if not  
at place of death

—

Married, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name

Robert G. Elderdieg

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

Ruby West

Mother's  
Birthplace

N.Y.

Name of person giving  
In formation

Ruby Elderdieg

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Spinal Meningitis

How long

10 days

Immediate

Exhaustion

How long

10 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. C. Schofield  
1400 First St

Accident or Suicide?

PHYSICIAN  
OR CORONER

J. Hernig & Son  
2008 Orleans St.  
Oak Lawn Cem.

4/25/05

Name  
in  
Full

## CERTIFICATE OF DEATH

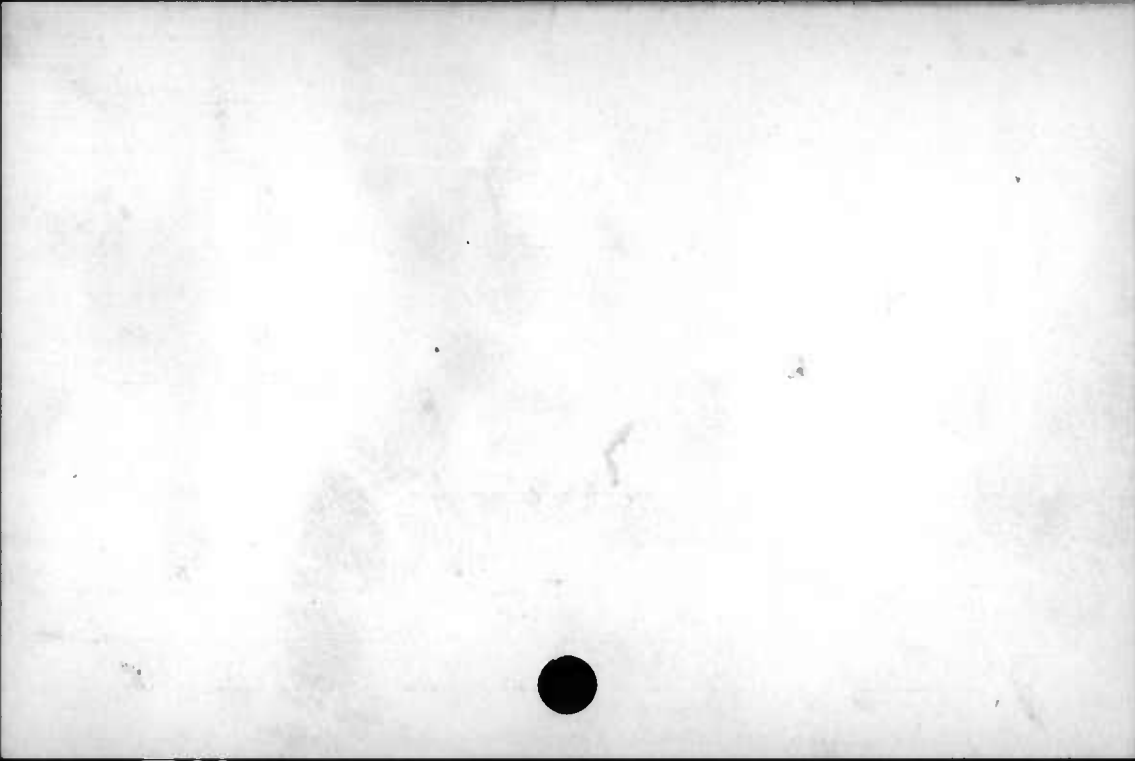
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Edward E Foy Jr</i>		Town <i>Quinn's Mills</i>		County <i>Baltimore Md</i>		MARYLAND	
Died at <i>Quinn's Mills</i>		Date of death 1905		Month <i>April</i>	Day <i>30</i>	Age <i>6</i>	Years <i>1</i> Months <i>28</i> Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pleasant Hill</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Edward E Foy</i>				Father's Birthplace <i>Pleasant Hill</i>			
Mother's Maiden Name <i>Kate S Allen</i>				Mother's Birthplace <i>Delight</i>			
Name of person giving information <i>Edward E Foy</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>about 4 days</i>
Immediate <i>Conjestion of Lungs</i>	How long <i>3 or 4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Campbell</i>
	Address <i>Quinn's Mills Md</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Robert Garrett.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Groome</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>apl</i>	Day <i>24</i>	Age Years <i>1</i>	Months <i>7</i>
Sex <i>Male</i>		Color or Race <i>Culora</i>		Birth-place <i>Groome</i>	
Occupation <i>-</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robert Garrett</i>			Father's Birthplace <i>Groome</i>		
Mother's Maiden Name <i>June Johnson</i>			Mother's Birthplace <i>Helin Road</i>		
Name of person giving information <i>R Garrett</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>93</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo H Greening</i>	
<i>yes</i>		Address <i>Groome</i>	
Accident or Suicide?		<i>Sta 10 Balto Md</i>	

Robt A. Elliott

Zion Cemetery  
Gorhamstown

Bellona Avenue



Name  
in  
Full

Frederick C Gehringer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND


Died at <i>Fredericktown</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>4</i>	Age <i>25</i>	Years <i>1</i> Months <i>1</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Md</i>		
Occupation <i>Barber</i>		Where Residing if not at place of death <i>116 James Alley</i>			
Married, <del>Single</del> <i>Widowed</i>		Name of Wife or <del>Husband</del> <i>_____</i>			
Father's Name <i>William Gehringer</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Catherine Geist</i>		Mother's Birthplace <i>Balto Md</i>			
Name of person giving Information <i>Catherine Gehringer</i>		How related to deceased <i>Mother</i>			

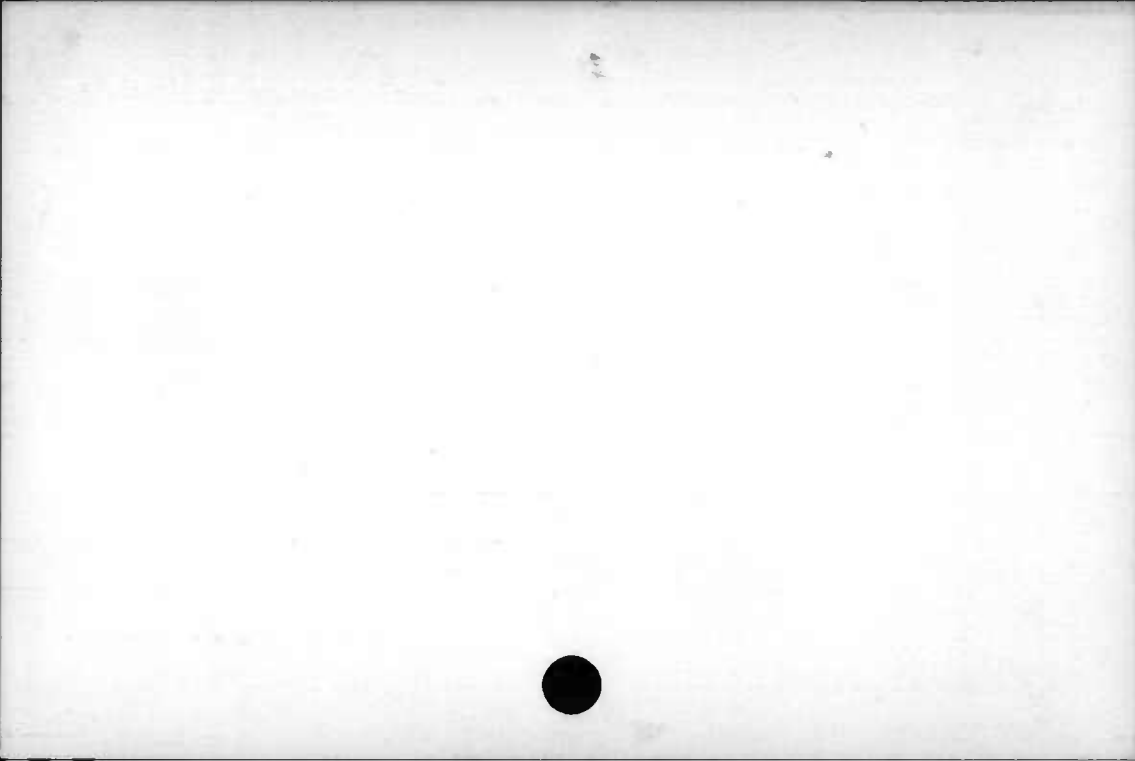
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Insufficiency with loss of competence</i>	How long <i>2 months</i>
Immediate <i>_____</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T J O'Donnell M.D.</i>
Accident or Suicide? <i>Neither</i>	Address <i>1340 Schaefer ST Baltimore</i>

Charles E. Frank.  
Bernie Bras..

Name in Full		Bulice Gill		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Gwynbrook</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>
	Date of death	<i>1905 April 18</i>	Age	<i>7</i>	Months <i>—</i> Days <i>—</i>
	Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place <i>Batts, Co. Md.</i>
	Occupation	Where Residing if not at place of death			
	Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name	<i>John T Gill</i>		Father's Birthplace	<i>Batts, Co. Md.</i>
	Mother's Maiden Name	<i>Emma Larwin's</i>		Mother's Birthplace	<i>" " "</i>
	Name of person giving information	<i>John T Gill</i>		How related to deceased	<i>Father</i>
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	<i>Diphtheria</i>		How long	<i>9</i>
	Immediate			How long	<i>10 days</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>James Gouch, D.</i>
				Address	<i>Reisterstown</i>
<div> <div>  </div> <div> <i>Accident or Suicide?</i> </div> </div>					



Name  
in  
Full

Goldstein, Lena.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leatonsville</i> <sup>Town</sup>		<i>Bulte.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup> <i>April</i> <sup>Day</sup> <i>9<sup>th</sup></i> <sup>Years</sup> <i>24</i>	Age <i>24</i>		Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Mad.</i>
Occupation	<i>None</i>		Where Residing if not at place of death	<i>X</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>X</i>		
Father's Name	<i>Pinchus Goldstein</i>			Father's Birthplace	<i>Russia</i>
Mother's Maiden Name	<i>X</i>			Mother's Birthplace	<i>Russian</i>
Name of person giving Information	<i>X</i>			How related to deceased	<i>X</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Multiple Sclerosis</i> <i>(3)</i>	How long	<i>6 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. H. Wade</i>
<i>yes</i>		Address	<i>Leatonsville</i>
<i>Filed 1905</i>			
Accident or Suicide?		<i>No.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *White Marsh* <sup>Town</sup> *Balto Co.* <sup>County</sup>Date of death *1905* <sup>Year</sup> *April* <sup>Month</sup> *20* <sup>Day</sup> Age *21* <sup>Years</sup> *21* <sup>Months</sup> *21* <sup>Days</sup>Sex *Female* Color or Race *White* Birth-place *White Marsh*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name *James E. Green*Father's Birthplace *Balto. Md*Mother's Maiden Name *Maggie Graham*Mother's Birthplace *Balto. Md*Name of person giving information *James E. Green*How related to deceased *Father*

## CAUSES OF DEATH

Primary

How long

Immediate

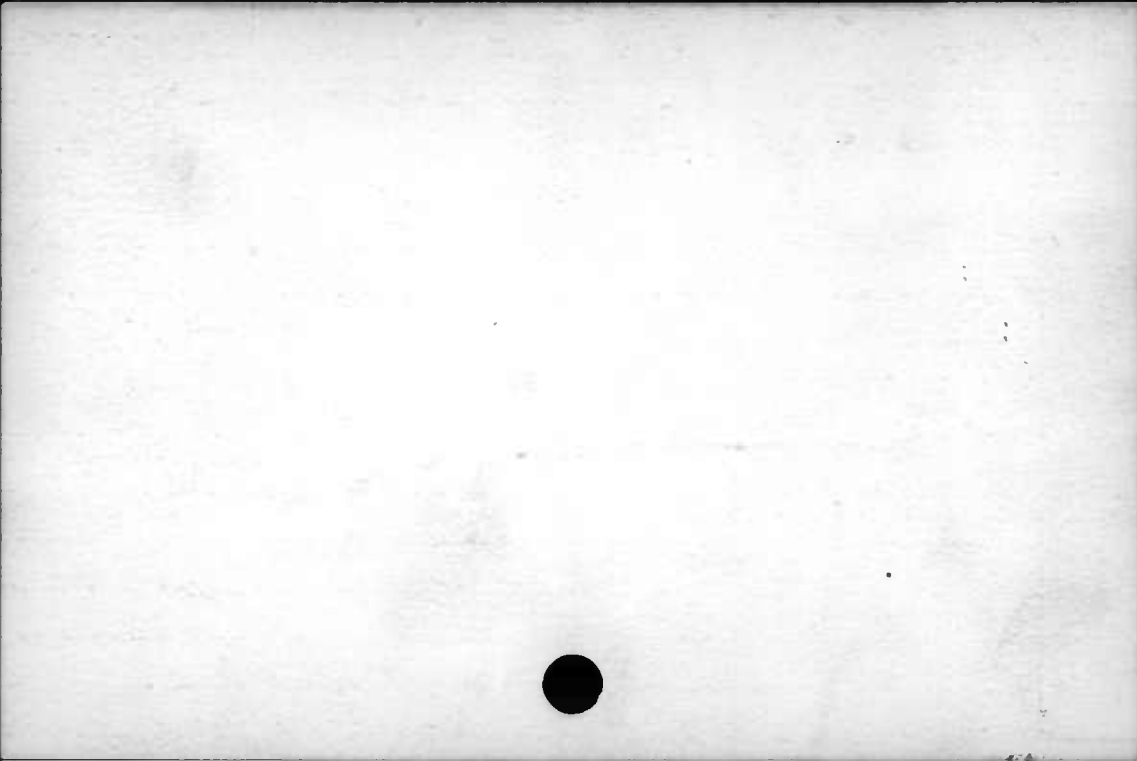
How long *9 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Dr J. R. White*  
*1539 McCulloch St,*  
*Balto. Md*

Accident or Suicide? \_\_\_\_\_





Name  
in  
Full

Wm. P. Hackett.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Grange		County Baltimore		MARYLAND	
Date of death 190	5	Month April	20 <sup>th</sup>	Day	Age	35	Years
Sex	Male		Color or Race	White		Birth- place	Grange
Married, Single or Widowed	Married		Occupation		Trucker		
Name of Wife or Husband	Katherine Stroothoff						
Father's Name	Wm. I. Hackett				Father's Birthplace	Baltimore	
Mother's Maiden Name	Tacy McDonald				Mother's Birthplace	"	
Name of person giving In formation	James M. Hackett				How related to deceased	Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		
Yes	Signature of Physician	
Address		
Accident or Suicide?		

Accident

Armstrong & Son Co  
Backman's Cemetery

Name In Full		Elizabeth Hamilton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Towh Hullsville		County Baltimore		MARYLAND
	Date of death 190		Month 5 April	Day 7	Years 68	Months	Days
	Sex Female		Color or Race Colored		Birth- place Md		
	Married, Single or Widowed				Occupation none		
	Name of Wife or Husband Daniel Hamilton						
	Father's Name						
	Mother's Maiden Name						
Name of person giving In formation		Emma Day		How related to deceased		Grand daughter	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Drugs + Sangrene of Log				4 months		
	Immediate Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address			
<input checked="" type="checkbox"/> Accident or Suicide?				263 Hall 217 Wmms			



Name  
in  
Full

Eberhardt Hanf

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hecker</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>8</i>	Age <i>74</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>W</i>		Birth- place <i>Germany</i>		
<del>Married, Single</del> <input checked="" type="checkbox"/> Widowed			Occupation <i>Gardener</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation <i>Gottlieb Hanf</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Hemorrhage</i>	How long <i>24 to 30 hours. As told.</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>Lingard &amp; Whiteford</i>
<i>To the best of my knowledge</i>	Address <i>Fulcraton, W. Md.</i>
Accident or Suicide? <i>No.</i>	

St. Peter's Cemetery  
Fullerton Ind.

Name  
in  
Full

Still Birth.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Canton Town

Mo County

Date  
of death 1905

Month 4

Day 20

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
placeIn utero.  
Canton

Occupation

None

Where Residing if not  
at place of death~~Married, Single  
or Widowed~~~~Name of Wife or  
Husband~~Father's  
Name

George Heisewiler

Father's  
Birthplace

Mo

Mother's  
Maiden Name

Lizzie Heisewiler

Mother's  
Birthplace

Mo

Name of person giving  
In formation

George Heisewiler

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Due to mother falling S.

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

David W. Jones  
3116 Bonnell St

Accident or Suicide?

St. Patrick's  
H. Sander & Sons



Name  
in  
Full

John A. Hensler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1905</u>	Month <u>April</u>	Day <u>19</u>	Years <u>90</u>	Months <u>—</u> Days <u>23</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Trimmer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Mary A. Leinsberger</u>				
Father's Name <u>dont-know</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>dont-know</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Mary B. Pang</u>	How related to deceased <u>daughter</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile Bronchitis</u>	How long <u>6 mos.</u>
Immediate <u>Cardiac failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes -</u>	Signature of Physician <u>Frank E. Vorens</u>
	Address <u>1713 Bank St -</u>
<u>8</u> Accident or Suicide?	

Sacred Heart Cemetery

April 21<sup>st</sup> 1905

Germanus Franke

Under the

Dr. Proctor

Name in Full <b>John W Hine</b>		CERTIFICATE OF DEATH	
Died at <b>Hebbville</b> <small>Town</small>		<b>Balto</b> <small>County</small>	
Date of death <b>1905</b> <small>Month</small> <b>April</b> <small>Day</small> <b>28</b>		Age <b>78</b> <small>Years</small> <b>3</b> <small>Months</small> <b>17</b> <small>Days</small>	
Sex <b>Male</b>		Color or Race <b>white</b>	
Occupation <b>Farmer</b>		Birth-place <b>Ind</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Louisa Hine</b>	
Father's Name <b>Do not know</b>		Father's Birthplace <b>-</b>	
Mother's Maiden Name <b>Arnoldina Hine</b>		Mother's Birthplace <b>Germany</b>	
Name of person giving information <b>Louisa Hine</b>		How related to deceased <b>wife</b>	
<b>CAUSES OF DEATH</b>			
Primary <b>Hypertrophy Prostate Intestinal</b> <b>Nephritic</b>		How long <b>2 years</b>	
Immediate <b>Principhentic Abscess</b>		How long <b>1 month</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>A. C. Smith</b>	
Address <b>Woodlawn Sta</b>		<b>Ind</b>	
Accident or Suicide? <b>-</b>			

Mt Olive  
Joe B Cook

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name John W. Hine		Town Woodlawn		County Baltimore		MARYLAND					
Died at		Month Apr		Day 28		Years 68		Months 3		Days 17	
Date of death		1905		Age		68		Birth- place		Woodlawn Sta	
Sex Male		Color or Race		White		Where Residing if not at place of death		Woodlawn Sta			
Occupation Farmer		Married, Single or Widowed		Married		Name of Wife or Husband		Louisa Hine			
Father's Name		John Hine		Father's Birthplace		Germany					
Mother's Maiden Name		Aneldina Hine		Mother's Birthplace		Germany					
Name of person giving Information		Mr Louisa Hine		How related to deceased		Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paraguchymatous nephritis	How long	3 years
Immediate	Peri-nephritic abscess	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A.C. Smith	
		Address	
		Woodlawn Sta	
		Md.	
Accident or Suicide?			

1  
Disinterment

Name  
in  
Full

Jacob Park Horn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Mt Hope Retreat

Town

Baltimore

County

Date of death 1905 April

Month

Day

Age 43

Years

Months Unknown Days Unknown

Months

Days

Sex Male

Color or Race White

Color or  
Race

Birth-place Baltimore Md.

Birth-  
place

Occupation Tobaccoist

Where Residing if not at place of death Baltimore Md.

Where Residing if not  
at place of death

Married, Single or Widowed Married

Name of Wife or Husband Unknown

Name of Wife or  
Husband

Father's Name Unknown

Father's Birthplace Unknown

Father's  
Birthplace

Mother's Maiden Name "

Mother's Birthplace "

Mother's  
Birthplace

Name of person giving information Recds Mt Hope Retreat

How related to deceased Not at all.

## CAUSES OF DEATH

Primary Pul - Tuberculosis - only 3 days at Mt Hope

How long

Immediate Suddenly from Collapse 22 a few moments

How long

Are the name, age, sex, color, date and place correctly given above? Yes

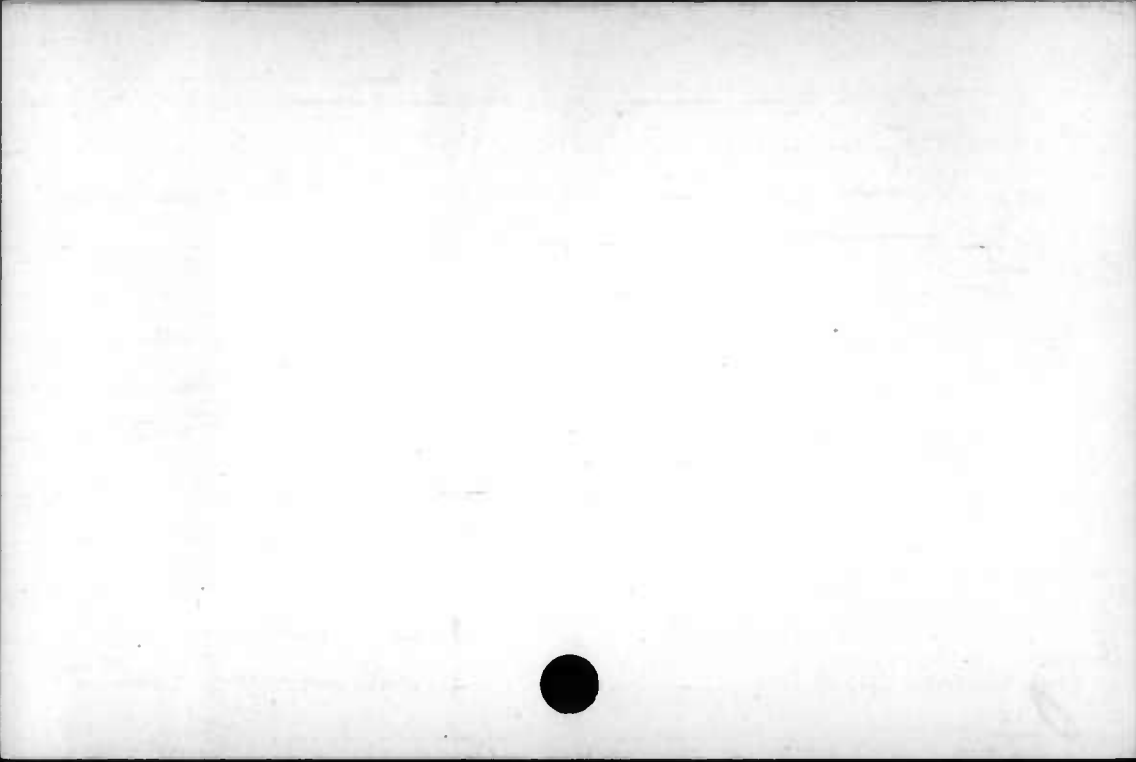
Signature of Physician Frank J. Flannery M.D.

Signature of  
PhysicianAddress Mt Hope Retreat  
Baltimore Md.

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Columbus C Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Warren		County Balto		MARYLAND	
Date of death	1905	Month 4	Day 24	Age 51	Years 51	Months 1	Days 21
Sex	Male		Color or Race	White		Birth- place	Balto Co
Occupation	Blacksmith			Where Residing if not at place of death Warren			
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or <del>Husband</del>			May T Howard			
Father's Name	Gamer Howard				Father's Birthplace	Balto Co	
Mother's Maiden Name	May Lagoon				Mother's Birthplace	Harford Co	
Name of person giving Information	May T Howard				How related to deceased	Wife	

## CAUSES OF DEATH

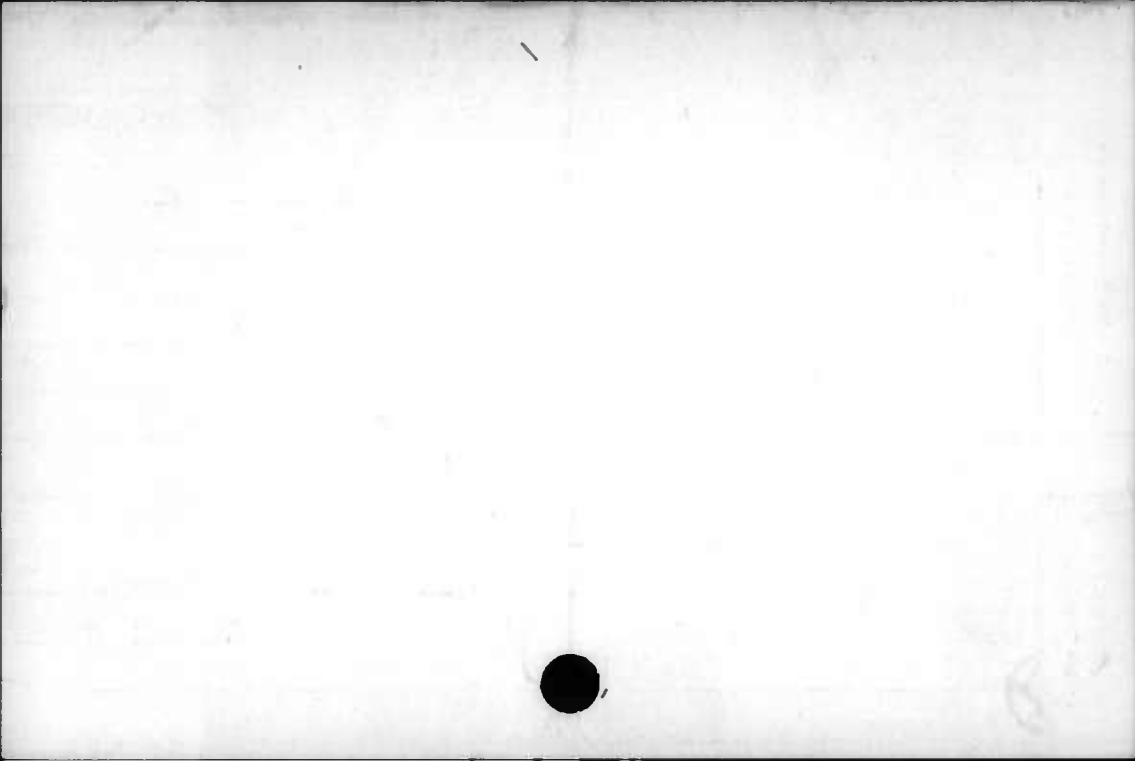
PHYSICIAN  
OR CORONER

Primary	Epilepsy	How long	14 yrs
Immediate	Convulsions	How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm C Brooks
Undertaker.		Address	Philopetis Balto Co Ind.
Accident or Suicide?			

To be Buried at  
Cemetery  
Popular, Wednesday eve  
26<sup>th</sup>  
" 4

W. C. Parks

Name in Full <b>Herbert Hubanks</b>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Walnut Grove farm</b> Town		County <b>Baltimore</b>	
	Date of death <b>1905</b> Month <b>April</b> Day <b>27</b>		Age Years Months <b>3</b> Days <b>11</b>	
	Sex <b>Male</b>	Color or Race <b>Negro</b>	Birth-place <b>Potomac Neck</b>	
	Occupation <b>_____</b>	Where Residing if not at place of death		
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband		
	Father's Name <b>Sandy Hubanks</b>	Father's Birthplace <b>Va.</b>		
Mother's Maiden Name <b>Sarah Banks</b>	Mother's Birthplace <b>Md.</b>			
Name of person giving Information <b>Sandy Hubanks</b>	How related to deceased <b>Father</b>			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <b>Infectious Atrophy</b>	How long <b>3 weeks</b>		
	Immediate <b>Exhaustion</b>	How long <b>1 week</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>F. C. Eldred. M.D.</b>		
		Address <b>Spencer's Point. Md.</b>		
	Accident or Suicide? <b>_____</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John W. Iler</i>		Town <i>Balto. Co. Annapolis</i>		County		MARYLAND	
Died at <i>Balto. Co. Annapolis</i>		Date of death 1905 <i>4</i> Month <i>19</i> Day		Age <i>Colored</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Paralysis</i>		<i>60</i> How long <i>about 6 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. C. Bussey</i>	
		Address <i>Texas Md.</i>	
Accident or Suicide?			

To be buried on / promises

Name in Full

Certificate of Death

Lavis Franklin Jenkins.

Died at <sup>Town</sup> Bella <sup>County</sup> Batts. MARYLAND

Date 1905 <sup>Month</sup> April <sup>Day</sup> 17<sup>th</sup> <sup>Y.</sup> - <sup>M.</sup> - <sup>D.</sup> 3 <sup>Native of</sup> Mo. <sup>Occupation</sup> \_\_\_\_\_

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living \_\_\_\_\_

Female ☐ Colored ☐ Single ☐ Widower ☐ \_\_\_\_\_

Husband  
of  
Wife

Father's Name Benjamin Jenkins Mother's Name Martha Howell

Cause of Death { Primary Atelectosis  
Immediate \_\_\_\_\_

How long sick 3 days

(151)

Accident, Suicide, Homicide

Reported by

Address

S. G. Drums M.D.  
Ellicott City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968





William Johnson

Town

County

Philopoli Baltimore.

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

4

15

Age

80

Ind

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Evangeline Johnson

Mother's

Maiden Name

Cause of

Primary

Cystitis &amp; Prostatitis

How long sick

One week.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wilmer C. Onsor M.D.

Address

Cockeysville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Internally  
Stevenus Bhauple  
June 17<sup>th</sup>

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Jessie Jones

Town

Glyndon

County

Baltimore

MARYLAND

Date

of death 1905

Month

April

Day

22

Age

60

Months

Days

Sex

Male

Color or  
Race

Colored

Birth-  
place

Talbott Co

Occupation

Day laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah Jones

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Sarah Jones

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Luberculum

How long

3 yrs.

Immediate

Pneumonia

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. Herbert Beakley

Address

Reisterstown Md.

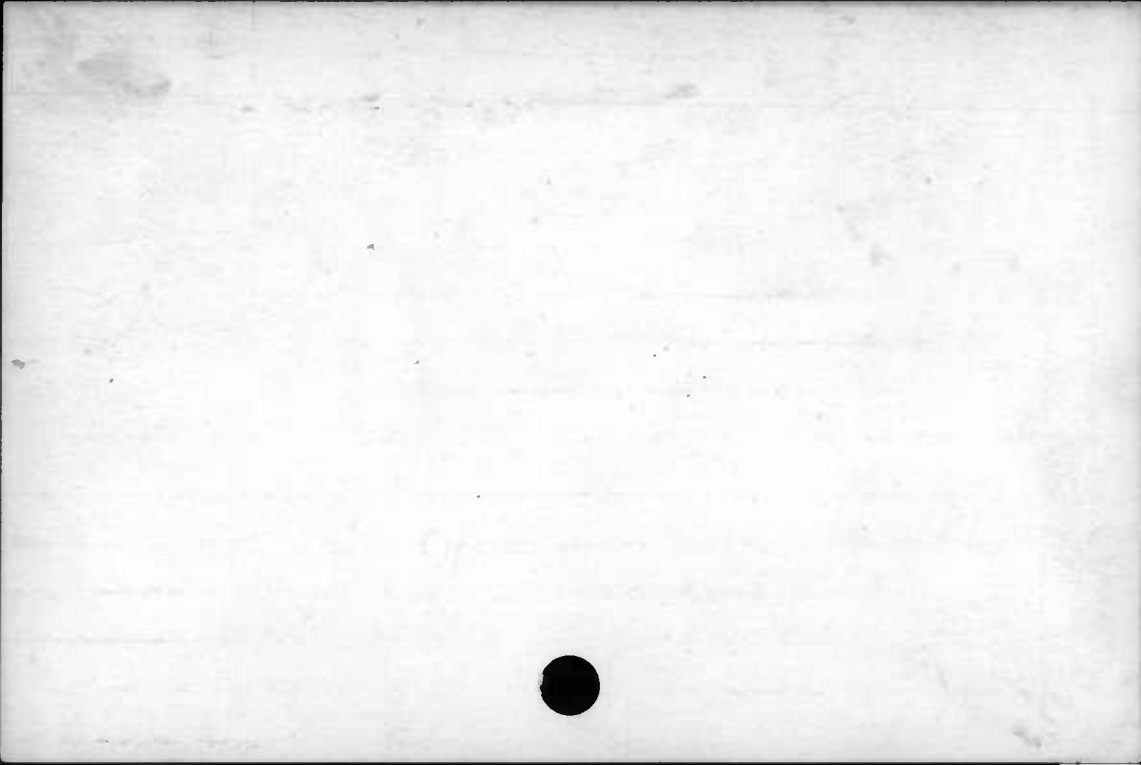
Accident or Suicide?



Name in Full <b>John E Jones</b>		CERTIFICATE OF DEATH	
Died at <sup>Town</sup> <b>Parkton</b>		<sup>County</sup> <b>Balt</b>	
Date of death <b>1905</b> Month <b>4</b> Day <b>4</b> Age <b>75</b>		Months <b>2</b> Days <b>14</b>	
Sex <b>Male</b> Color or Race <b>White</b>		Birth-place <b>Ind</b>	
Occupation <b>Farmer</b>		Where Residing if not at place of death _____	
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband _____	
Father's Name <b>Elisha Jones</b>		Father's Birthplace <b>Ind</b>	
Mother's Maiden Name <b>Margaret Simard</b>		Mother's Birthplace _____	
Name of person giving information <b>E Alverta Gilbert</b>		How related to deceased <b>Daughter</b>	
<b>CAUSES OF DEATH</b>			
Primary <b>L. Gripp.</b>		How long <b>9 days</b>	
Immediate <b>Pneumonia</b>		How long <b>6 days</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>R. B. Morris</b>	
		Address <b>Parkton</b>	
Accident or Suicide?		<b>Ind</b>	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

William D. Jones

## CERTIFICATE OF DEATH

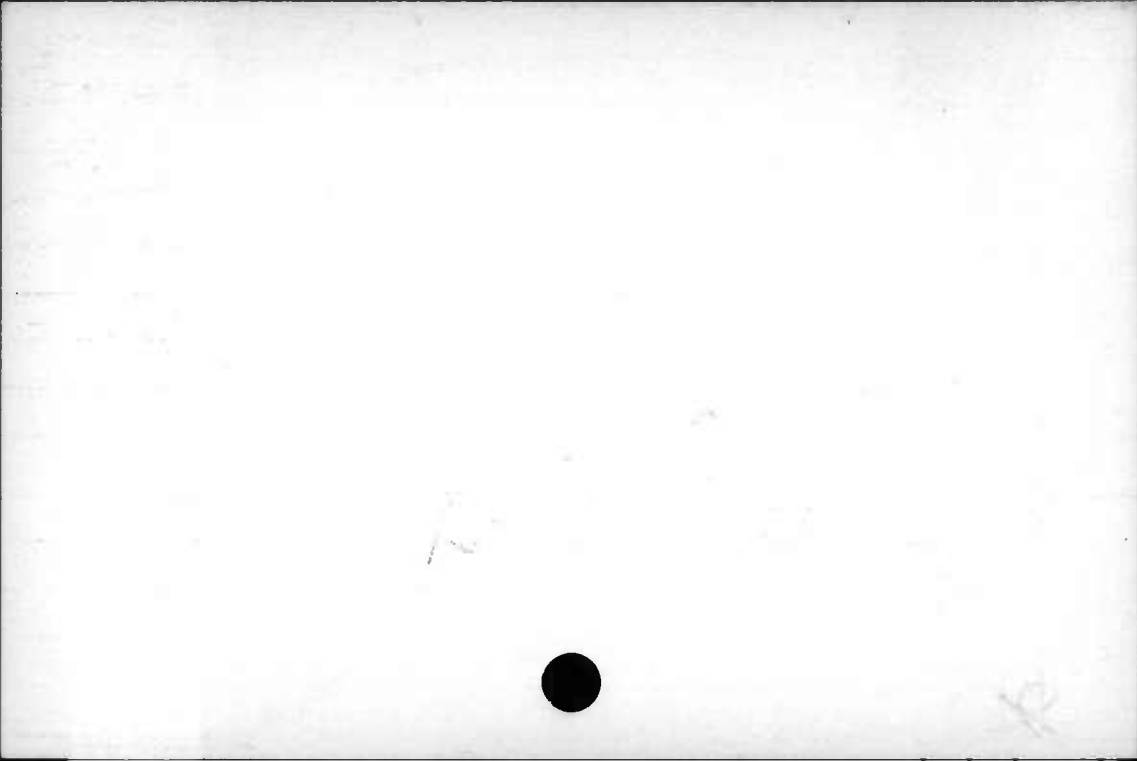
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Parkston		County Baltimore		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1905	4	21	30	3	21	
Sex	Male		Color or Race	Black		Birth-place	Baltimore Md
Occupation	Laborer (Farmhand)		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Aaron Jones					Father's Birthplace	Md
Mother's Maiden Name	Olivia Brown					Mother's Birthplace	Md
Name of person giving information	Olivia Jones					How related to deceased	A Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	Three years
Immediate	Acute Pulmonary Intercolosis	How long	One year
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		E. W. Heyde Md	
Address		Parkston, Md	
Accident or Suicide?			





Name  
in  
Full

Louis Kiefer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Canton* <sup>County</sup> *Balto.* **MARYLAND**

Date of death *1905* <sup>Month</sup> *Apr* <sup>Day</sup> *29* <sup>Age</sup> *61* <sup>Years</sup> *7* <sup>Months</sup> *18* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *7 Md.*

Occupation *Merchant* Where Residing if not at place of death *Canton*

Married, Single or Widowed *Married* Name of Wife or Husband *Fredericka Kiefer*

Father's Name *Peter Kiefer* Father's Birthplace *Germany*

Mother's Maiden Name *Frances Wight* Mother's Birthplace *"*

Name of person giving information *Fredericka Kiefer* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Disease Heart* How long

Immediate *Acute Nephritis* *79* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. N. Otter*

Address *2. Hudson St. N.Y.*

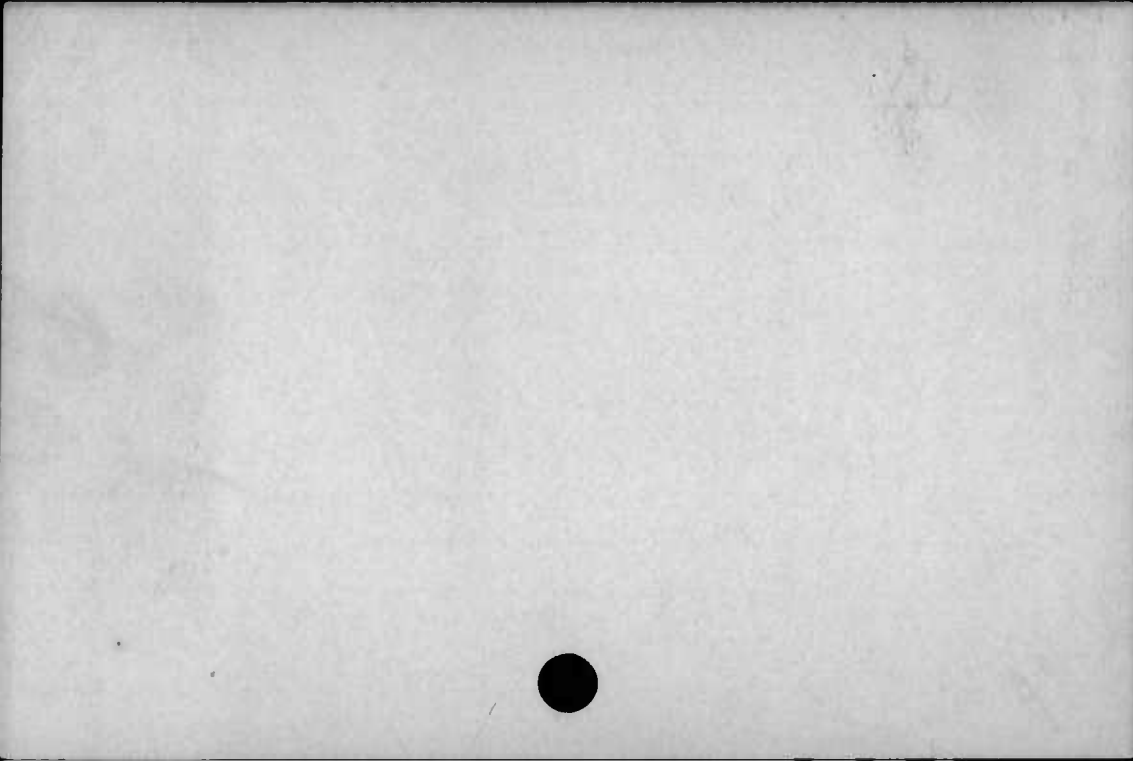
Accident or Suicide? *No*

Mt. Carmel Tenn

Kander Bros

May 1. 1901—

Name in Full <b>Henry Kiner</b>		Town <b>Bella</b>		County <b>Baltimore</b>		CERTIFICATE OF DEATH	
Died at <b>Bella</b>		Date of death <b>1905</b>		Month <b>April</b>		Day <b>8</b>	
Age <b>72</b>		Years <b>72</b>		Months <b></b>		Days <b></b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>France</b>			
Occupation <b>Cooper</b>		Where Residing if not at place of death <b>at Bella</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Christina Link</b>					
Father's Name <b>John Kiner</b>		Father's Birthplace <b>France</b>					
Mother's Maiden Name <b>Louisa Kiner</b>		Mother's Birthplace <b>France</b>					
Name of person giving information <b>Thos Bonin</b>		How related to deceased <b>Physician</b>					
CAUSES OF DEATH							
Primary <b>Heart Disease</b>		How long <b>2 yrs</b>					
Immediate <b>Heart Failure</b>		How long <b>1 hour</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Thos Bonin M.D.</b>		Address <b>Baltimore City</b>			
Accident or Suicide? <b>No</b>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Hosp., Balto.</i>		Town <i>Balto.</i>		County <i>Balto.</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>24</i>	Age <i>24</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Westminster</i>				
Occupation <i>Baker</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia Tuberculosis</i>	How long
Immediate <i>Pneumonia Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Mara M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name  
in  
Full

Florence E Knight

## CERTIFICATE OF DEATH

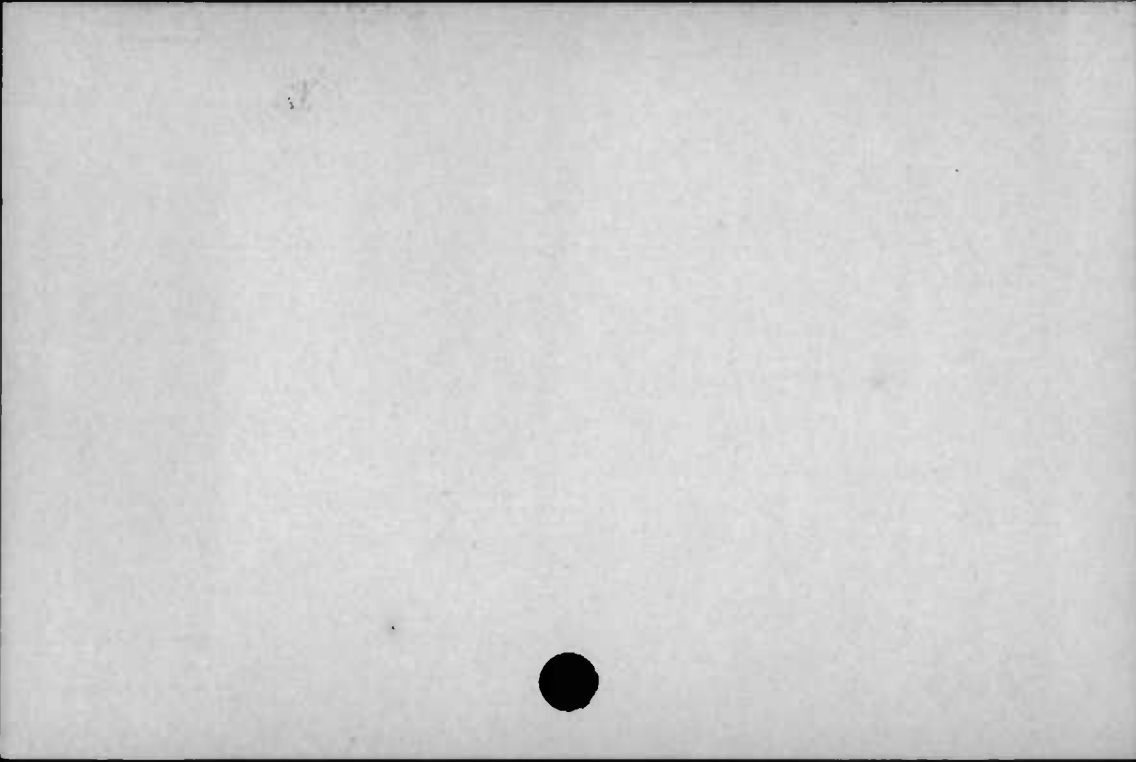
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chase		County Baltimore		MARYLAND	
Date of death	1905	Month April	Day 22	Age 32	Years 32	Months 11	Days 05
Sex	Female		Color or Race	white		Birth-place	md
Occupation	H W			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Louise Knight			
Father's Name	Louise Fowler					Father's Birthplace	md
Mother's Maiden Name	Sarah Louisa Cartwright					Mother's Birthplace	md
Name of person giving information	Louise Knight					How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Double Pneumonia	How long	one week
Immediate	Aschemia	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W. Samsen
		Address	Middle River Md
Accident or Suicide?	no		





Name  
in  
Full

Barbara A Koder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Calverville* <sup>Town</sup>*Balt-* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *April* <sup>Day</sup> *4*Age *59* <sup>Years</sup>

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Calverville*

Occupation

*House Keeping*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of Wife or  
Husband*F. X. Koder*Father's  
Name*Peter Graber*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Calherine Shaffer*Mother's  
Birthplace*"*Name of person giving  
In formation*Adam Graber*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Stroke.*

How long

*1 year*

Immediate

*Prostration + general debility*

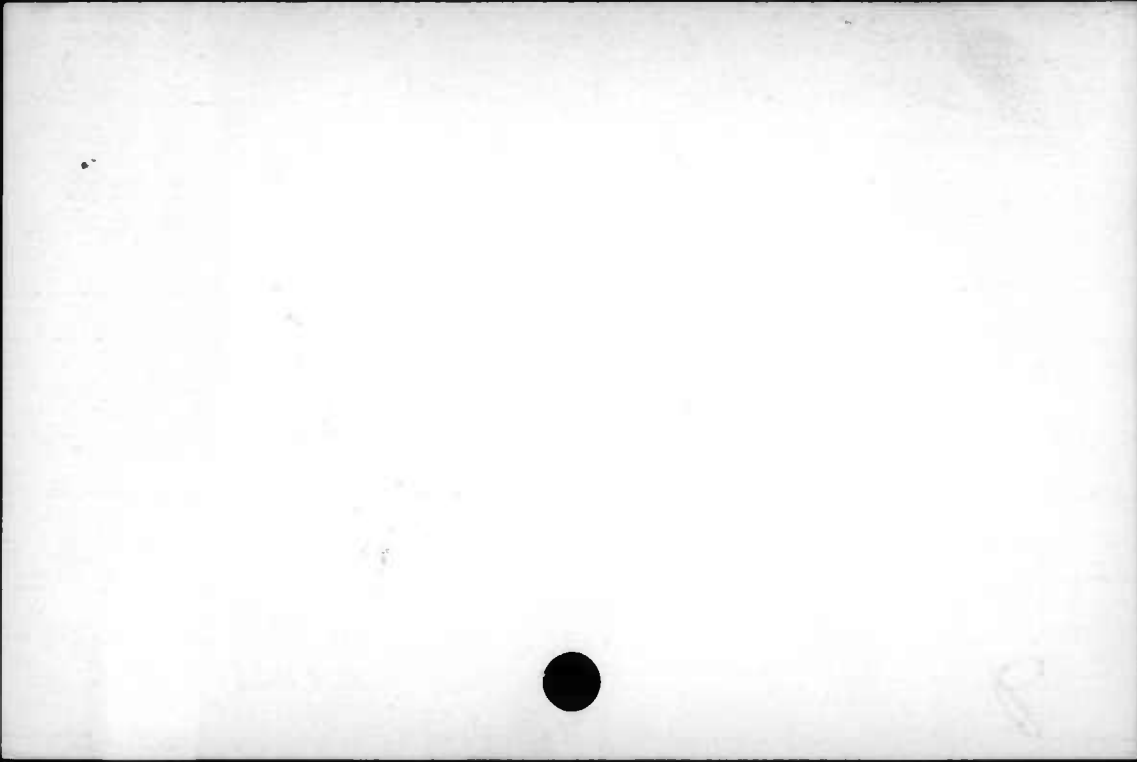
How long

*10 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*N. R. Berry*

Address

*Calverville Md*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Frederick C. Koenig</i>		Town <i>Heighlandtown</i>		County <i>Balto</i>		MAYLAND	
Died at		Month <i>4</i>		Day <i>3</i>		Years <i>38</i>	
Date of death <i>1905</i>		Age <i>38</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>419 E. Balto Exp</i>					
Married, Single <i>Single</i>		Name or Wife or Husband <i>Anna Koenig</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Anna Koenig</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
<i>Bright Disease</i>		<i>4 weeks</i>	
Immediate		How long	
<i>Yes</i>		<i>4 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. W. Darnley</i>	
Address <i>304 Bank &amp; Exp</i>		Accident or Suicide?	

St. Paul term.

J. Herwig & Son

4/6/05

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Last Name		Town		County		MARYLAND					
Died at		Clanadown		Baltimore							
Date of death		1905	Month	April	Day	25	Age	Years	23	Months	Days
Sex		male		Color or Race		white		Birth-place		Russia	
Occupation		Laborer		Where Residing if not at place of death							
Married, Single or Widowed		<input checked="" type="checkbox"/> Single		Name of Wife or Husband							
Father's Name		<del>Robert C. Clarke</del>		Father's Birthplace		Russia					
Mother's Maiden Name		<del>Anna</del>		Mother's Birthplace		4		6			
Name of person giving information				How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Struck by B&O R.R.	How long	100
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Robert C. Clarke	
		Address	
		St. Denis	
Accident or Suicide?		Justice John Peace & Crowder	

W. J. Tucker & Sons  
St. Peter Cemetery

Name  
in  
Full

*Archie C. Langley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Centon</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1905	Month <i>April</i>	Day <i>26</i>	Age	Years <i>30</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>New York</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i></i>				
Name of Wife or Husband <i>Wm Langley</i>							
Father's Name <i>Not Known</i>				Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Hattie Langley</i>				How related to deceased <i>Sister-in-law</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Miscarriage 4 mos gestation</i>	How long	<i>10 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. N. Miley</i>	
Address <i>2 Hudson St 9th</i>			
Accident or Suicide? <i>No</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>St Helena</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month <i>April</i>	Day <i>28<sup>th</sup></i>	Age <i>53</i>	Years	Months <i>10</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Occupation <i>Waterman</i>			Where Residing if not at place of death				
Married, <del>Yes</del> or <del>Widow</del>			Name of Wife or Husband <i>Ida J. Cummings</i>				
Father's Name <i>Henry S. Learnter</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah J. Grohman</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Douglas Learnter</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. C. Eldred, M.D.</i>
	Address <i>Shuman's Point Md</i>
Accident or Suicide? <i>No</i>	

St Michaels Cemetery  
J. M. Jackson & son

Name  
in  
Full

Infant child of

Lightner

## CERTIFICATE OF DEATH

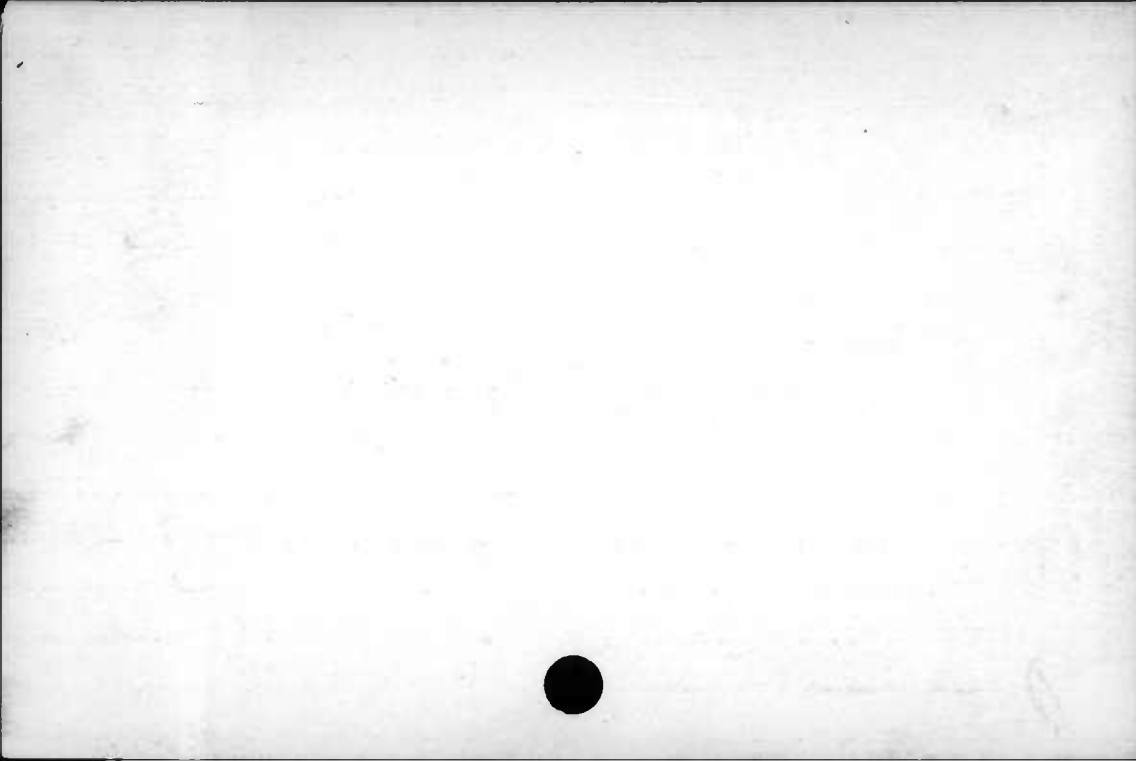
TO BE ANSWERED BY  
NEAREST FRIENDDied at Turners Sta. <sup>Town</sup> 12th Dist <sup>County</sup> Balto.

MARYLAND

Date of death 190 <sup>Month</sup> April <sup>Day</sup> 27 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> about 5 hrs.Sex male Color or Race white Birth-place Balto.Occupation — Where Residing if not at place of death —Married, Single or Widowed Name of Wife or Husband —Father's Name Jas. Henry Lightner. Father's Birthplace Balto. Md.Mother's Maiden Name Roxanne Robinson Mother's Birthplace West Va.Name of person giving information J. H. Lightner 151 How related to deceased Father.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary (Laryngeal) Mother suffering from Tuberculosis infant premature (7 mos) How long —Immediate exhaustion How long —Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician J. H. WrightAddress 1023 Center St.Accident or Suicide? —



Name  
in  
Full

## CERTIFICATE OF DEATH

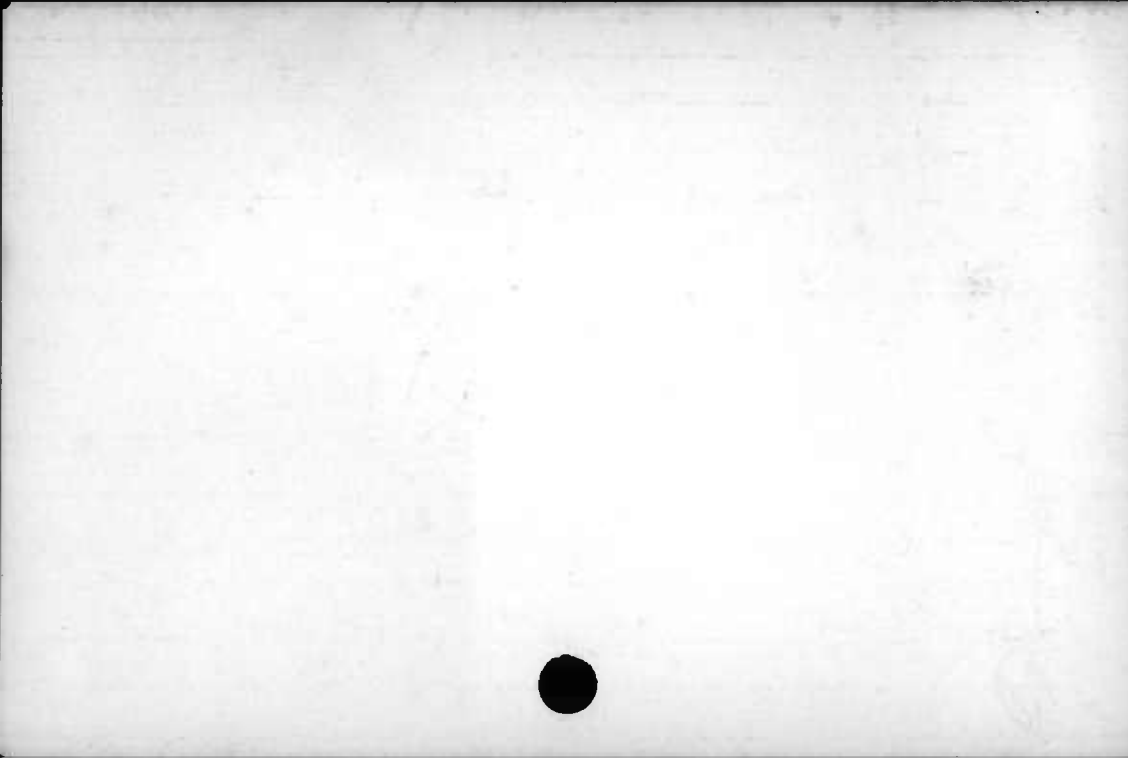
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Richard J. Lucas</i>		Town <i>St. Agnes Hosp.</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes Hosp.</i>		Month <i>April</i>		Day <i>21</i>		Age <i>43</i>	
Date of death <i>1905</i>		Month <i>April</i>		Day <i>21</i>		Age <i>43</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>Wheel-wright</i>		Where Residing if not at place of death <i>416 E. 20th St.</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Gastritis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Mara M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name  
in  
Full

Mary E. McAbee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Highlandtown</i>		County <i>Calto.</i>		MARYLAND	
Date of death 190	5	Month <i>April</i>	Day <i>7th</i>	Age <i>68</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Md.</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>Thomas McAbee</i>							
Father's Name <i>Not. Known</i>		Father's Birthplace <i>Not. Known</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving In formation <i>John H. Molter</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>3 years</i>
Immediate	<i>Coma</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>M. J. McAvoy M.D.</i>	
		Address <i>839 S. Carlton St.</i>	
Accident or Suicide?			

Mt. Carmel Cal.  
Landa Son



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Katherine Mc Drift</i>		Town <i>Texas Md</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 190 <i>5</i>		Month <i>April</i>		Day <i>18</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Years <i>46</i>		Months <i></i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>house work</i>		Birth- place <i>Ireland</i>		Days <i></i>	
Name of Wife or Husband <i>Frank Mc Drift</i>		Father's Name <i>Patrick Kane</i>		Mother's Maiden Name <i>Catherine Kane</i>		Father's Birthplace <i>Ireland</i>	
Name of person giving information <i>Michael Kane</i>		How related to deceased <i>Son</i>		Mother's Birthplace <i></i>		How long <i></i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Left Hemiplegic, Bright Disease</i>		How long <i>about 3 yrs</i>	
Immediate <i>Constriction of lungs &amp; Embolism</i>		How long <i>about 10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B. T. Burrey M.D.</i>	
Address <i>Texas Md,</i>		Accident or Suicide? <i></i>	

N. C. Winfield

914 Greenwood Ave

Baltimore Md

Name  
in  
Full

John Ignatius McMillan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pikesville		County Baltimore		MARYLAND	
Date of death 190	Month April	Day 18 <sup>th</sup>	Age 69	Years	Months —
Sex Male	Color or Race White		Birth- place Baltimore		
Married, Single or Widowed Not known		Occupation Clerk			
Name of Wife or Husband —					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving in formation R. J. Stinson			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bronchitis	How long Several months
Immediate Exhaustion	How long few days
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. O. E. M.</i>
	Address Pikesville Md
Accident or Suicide?	

Erano & Spencer

New Cathedral.

Name  
in  
Full

Mary M. Madden



CERTIFICATE OF DEATH

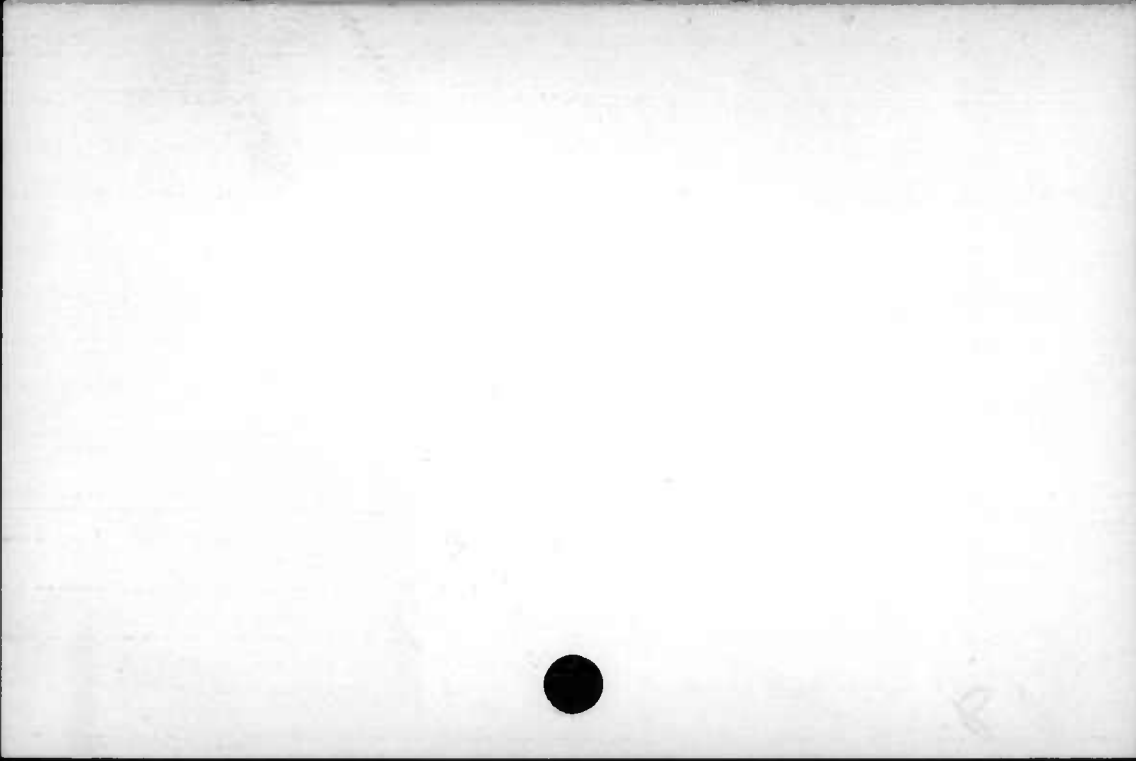
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Georges</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>April</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age <i>49</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Fredricks Co Md</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jessie Madden</i>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Jessie Madden</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fatty degeneration of heart</i>	How long <i>5 or 6 yrs</i>
Immediate <i>Syncopal</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gore M.D.</i>
	Address <i>Reisterstown</i>
	
	
Accident or Suicide?	



Geo Marburg

Town

County

Died at

Gardenville

Balls

MARYLAND

Date 1903 Month 4 Day 24 Age 36 Y. 2 M. 10 D. Balls Native of Balls Occupation Foot Maker  
 Male White Married Widow ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband

of

Annie Marburg

Father's

Name

Herman Marburg

Mother's

Name

Barbara Lingfield

Cause of

Primary

Pulmonary Phthisis

How long sick

5 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. S. Darling

Address

Lauraville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

William May

CERTIFICATE OF DEATH

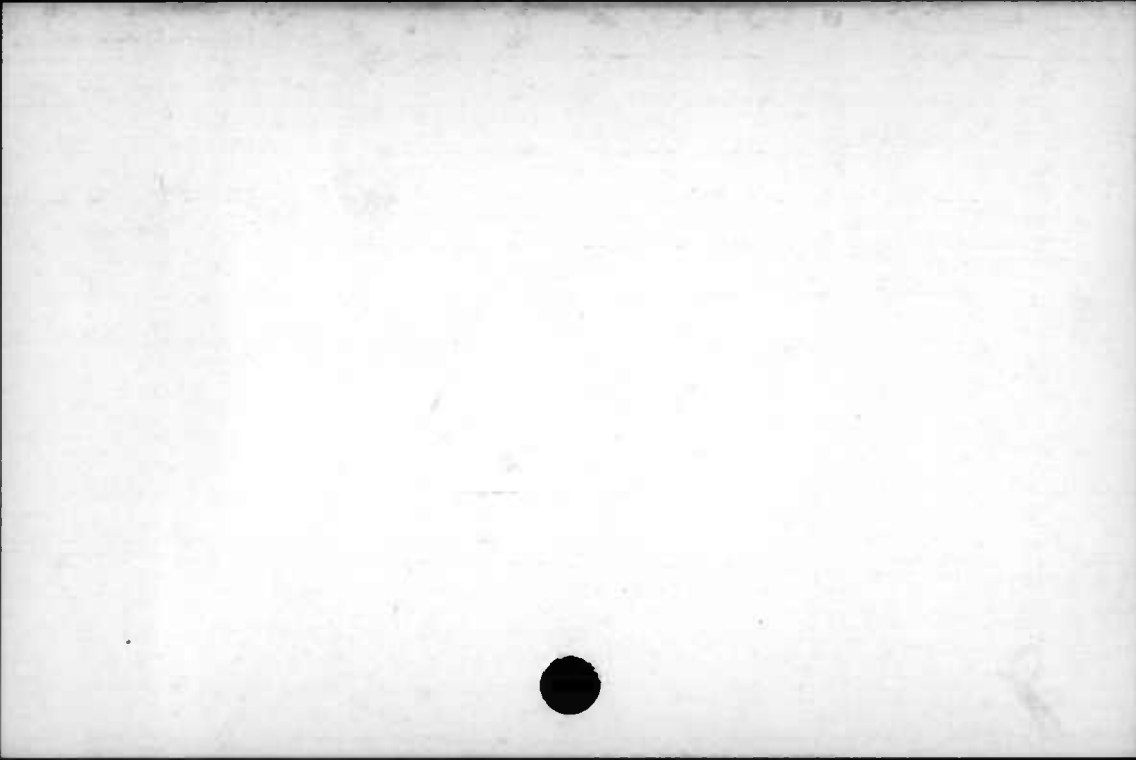
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>St. Agnes'</i>		County <i>Balto.</i>		MAYLAND	
Date of death <i>1905</i>		Month <i>April</i>		Day <i>17</i>		Age <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>St. James' Home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis.</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Marx M.D.</i>	
		Address <i>St. Agnes' Hospital</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Margaret Michling</i>		Town <i>Perry Hall</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Perry Hall</i>		Month <i>April</i>		Day <i>11<sup>th</sup></i>		Years <i>88</i>	
Date of death <i>1905</i>		Months <i>11</i>		Days <i>17</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Philip Michling</i>					
Father's Name		<i>Bau.</i>				Father's Birthplace <i>Germany</i>	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information <i>Mrs. Fogh</i>						How related to deceased <i>daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>104</i>	How long <i>About 24 hours</i>
Immediate	<i>Acute Indigestion</i>	How long <i>About 24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>G. J. Harrison</i>	Address <i>Lock Raven</i>
Accident or Suicide?		

St. Michael's Cemetery  
Perry Hall  
Ind.

St

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Annie A Myers

Died at *Ellechester* <sup>Town</sup> *Baltimore* <sup>County</sup>

MARYLAND

Date of death *1908* <sup>Month</sup> *April* <sup>Day</sup> *5* Age *24* <sup>Years</sup> *1* <sup>Months</sup> *3* <sup>Days</sup>Sex *Female* Color or Race *White* Birth-place *Maryland*Occupation *Mill Hand* Where Residing if not at place of death *Ellechester*Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_Father's Name *Andrew P Myers* Father's Birthplace *Wittenburg*Mother's Maiden Name *Annie A Sauter* Mother's Birthplace *"*Name of person giving information *Andrew P Myers* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *La Grippe* *10* How long *3 weeks*Immediate *Heart Failure* How long \_\_\_\_\_Are the name, age, sex, color, date and place correctly given above? *ye* Signature of Physician *W. M. B. Rogers M.D.*Address *Ellechester Md*Accident or Suicide? *D*



Name

in  
Full

## CERTIFICATE OF DEATH

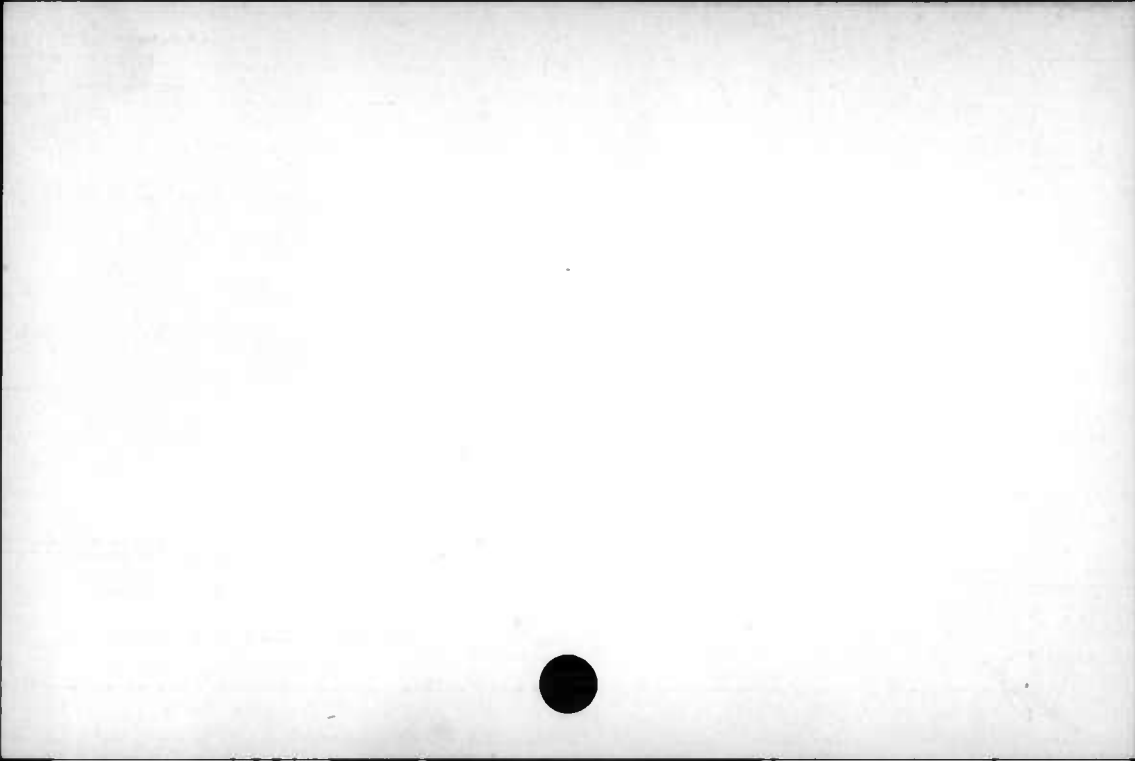
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Mountbrow</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	5	Month 4	Day 25	Age 72	Years	Months	Days
Sex	<i>male</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Cokeysville Md.</i>
Married, Single or Widowed	<i>Married</i>			Occupation	<i>Farmer &amp; Huckerster</i>		
Name of Wife or Husband	<i>Sarah E. Nelson</i>						
Father's Name	<i>Edward W. Nelson</i>					Father's Birthplace	<i>Cokeysville</i>
Mother's Maiden Name	<i>Jane Smith</i>					Mother's Birthplace	<i>Don't know</i>
Name of person giving In formation	<i>Aunnie E. Clarke</i>					How related to deceased	<i>Daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Disease with Dropsy</i>		How long	<i>2 Years</i>
Immediate	<i>General Failure</i>		How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>A. R. Mitchell</i>
			Address	<i>Mt. brow. Md.</i>
Accident or Suicide?				





Name  
in  
Full

Francis Nolting

Baltimore Co

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Roland Park

Town

County

MARYLAND

Date of death 1905

Month

April

Day

29

Age

Years

1

Months

7

Days

10

Sex

male

Color or  
Race

White

Birth-  
place

Roland Park.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

W. G. Nolting

Father's  
Birthplace

Baltimore.

Mother's  
Maiden Name

Fannie Bonn

Mother's  
Birthplace

Baltimore

Name of person giving  
Information

W. F. Akemp

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Premature Birth

How long

—

Immediate

Inanition

How long

all life

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. F. Akemp

Address

305 N Green St. Balt. Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

For Intement in Loudon  
Park Cemetery april 29/05  
Stewart & Mowen

Name in Full		Frank Joseph Nuedling				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Tenn Highlandtown		County Balto.							
		Date of death		1905	Month April	Day 25	Age 16	Years 10	Months 12	Days 12			
		Sex		Male		Color or Race		White		Birth-place		Highlandtown	
		Occupation		Wood Carver		Where Residing if not at place of death		800 Clinton St					
		Married, Single or Widowed		Single		Name of Wife or Husband							
		Father's Name		Alois Nuedling				Father's Birthplace		Germany			
		Mother's Maiden Name		Leokatia Schmidt				Mother's Birthplace		Germany			
Name of person giving information		Alois Nuedling				How related to deceased		Father					
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long		9 Mos					
		Immediate		Exhaustion		How long		1 week					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. A. Slantz					
		Address		41 Eastern Ave. & Co.									
Accident or Suicide?													

Sacred Heart Cemetery

April 28<sup>th</sup> 1905

Germanus France

Undertaker

Name  
in  
Full

Samuel Everett Cakes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	4	Day	6
Age	41	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Springfield, Ill.
Occupation	Private secretary	Where Residing if not at place of death	New York		
Married, Single or Widowed	Married	Name of Wife or Husband	Helen		
Father's Name	James Cakes	Father's Birthplace	Limestoneville, Pa.		
Mother's Maiden Name	Maria M. Kullen	Mother's Birthplace	Pittsburgh		
Name of person giving information	Helen Cakes	How related to deceased	Wife		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paresis</i>	How long	2 yrs.
Immediate	<i>Exhaustion</i>	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Charles M. Franklin
Accident or Suicide?	no.	Address	Sheppard & Enoch Pratt Bldg. Fowson, Md.

Hy M. Jenkins & Sons Co

New York City —

Name  
in  
Full

Mary Ann O'Connell

## CERTIFICATE OF DEATH

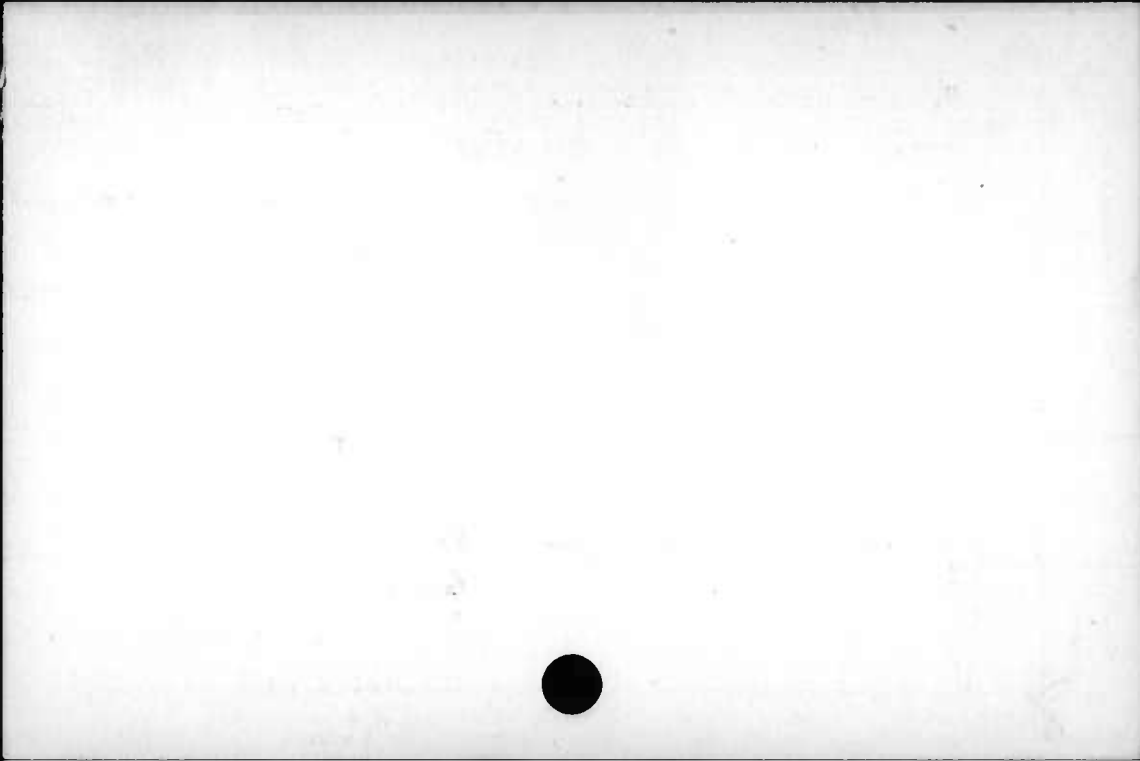
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Twn <i>Retriah</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Apr</i>	Day <i>8th</i>	Years <i>76</i>	Months <i>Unknown</i>	Days <i>Unknown</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>
Occupation	<i>none</i>			Where Residing if not at place of death			<i>Baltimore Md -</i>
<del>Married, Single or Widowed</del>	<i>Widow</i>		Name of Wife or Husband		<i>unknown</i>		
Father's Name	<i>unknown</i>				Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>"</i>				Mother's Birthplace	<i>"</i>	
Name of person giving Information	<i>Recd of Mt Hope</i>				How related to deceased	<i>not at all</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sec - Dementia - Post Mania</i>		How long	<i>abt 35 years</i>
Immediate	<i>Emphysema &amp; Hypostatic Pneumonia</i>		How long	<i>abt one wk -</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Frank J. Flannery M.D.</i>
			Address	<i>Mt Hope Retriah Balt. Co. Md</i>
Accident or Suicide?		<i></i>		





Name  
in  
Full

Miss Ellen Ida Oliver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Endowed Sanitarium		Baltimore		County	
Date of death 1905		Month 4	Day 3	Age 50	Months	Days	
Sex	Female		Color or Race	White		Birth-place	Baltimore
Married, Single or Widowed	Single			Occupation	Maid		
Name of Wife or Husband							
Father's Name	Wm. Oliver				Father's Birthplace	Ireland	
Mother's Maiden Name	Sarah Stafford				Mother's Birthplace	Ireland	
Name of person giving information	Mrs. Prince				How related to deceased	Cousin	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	5 months
Immediate	Exhaustion		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. A. Garrett
			Address	Johnson, Md
Accident or Suicide?		no		

John Burns Inc  
Landon Park

Name in Full

Certificate of Death

James Rezinold O'Malley

Died at <sup>Town</sup> St Denis <sup>County</sup> Balto Co

MARYLAND

Date 19 <sup>05</sup> April 8<sup>th</sup> Age 19 4 9

Male White Married ~~Widow~~ Divorced ~~Widower~~

Female ~~Colored~~ Single Number of children living

Husband of

Wife

Father's Name Patrick O'Malley

Mother's Name ~~Bright O'Malley~~

Cause of Death { Primary Pulmonary Tuberculosis 2 yrs 2 m

Immediate Mania

How long sick 2 yrs 2 m

Accident, Suicide, Homicide

Reported by Cowan &amp; Gill Undertaker

Address Elk ridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To W. R. Carrickson  
of Elkhridge 3d

Name  
in  
Full

Irkma N. Palmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friedland P O.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>apl.</i>	Day <i>14</i>	Age <i>48</i>	Years	Months <i>6</i>	Days <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i></i>				
Name of Wife or Husband							
Father's Name <i>George Palmer</i>				Father's Birthplace <i>Balk. Co.</i>			
Mother's Maiden Name <i>Penelope Palmer</i>				Mother's Birthplace <i>Balk. Co.</i>			
Name of person giving information <i>E. Lewis Palmer</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis -</i>	How long <i>16</i>
Immediate <i>Plurisy, Corbuncle, Nephritis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph O. Baldwin</i>
	Address <i>Friedland Balk. Co.</i>
Accident or Suicide?	

44

2



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Canton		Baltimore		MARYLAND		
Date of death 1905		Month	Apr.	Day	8	Years	84	
Sex		Female		Color or Race	White		Birth-place	Wales
Married, Single or Widowed		Widow		Occupation		Retired		
Name of Wife or Husband		John Phillips						
Father's Name		David Reese				Father's Birthplace	Wales	
Mother's Maiden Name		Elizabeth Reese				Mother's Birthplace	Wales	
Name of person giving information		Mary C Reese				How related to deceased	daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gas	How long	
Immediate	inaction	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. Williams	
Address		1114 Chesapeake St	
Accident or Suicide?			

Dr. Williams

Mt. Carmel

London, Ohio



Name  
in  
Full

CERTIFICATE OF DEATH

Jennie M Price

Town

County

MARYLAND

Died at *Freelands*

*Balt*

*State*

Date

Month

Day

Years

Months

Days

of death

1905

*April*

*14*

Age

*66*

*5*

*8*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*dont know*

Married, Single  
or Widowed

*Married*

Occupation

Name of Wife or  
Husband

*J. T. Price*

Father's  
Name

*Jones*

Father's  
Birthplace

*dont know*

Mother's  
Maiden Name

*dont know*

Mother's  
Birthplace

*dont know*

Name of person giving  
In formation

*A R Price*

How related  
to deceased

*Son*

CAUSES OF DEATH

Primary

*Spinal Sclerosis, Chronic Nephritis*

How long

*About 4 yrs.*

Immediate

*Am not able to state*

How long

*about 6 mo.*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

Address

*Jas. L. Yagle,*

*New Freedom,  
Pa.*

Accident or Suicide?

*\_\_\_\_\_*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1905		April		4		Age 43	
Sex		Color or Race		Birth-place		Months	
Male		White		Philopolis		4	
Married, Single or Widowed		Occupation		Father's Birthplace		Days	
Widowed		Farmer		Philopolis		28	
Name of Wife or Husband		Father's Name		Mother's Birthplace		Days	
Sarah Cook		John Price		Chawan		28	
Mother's Maiden Name		How related to deceased		Days		Days	
Mary Matthews		Nephew		Days		Days	
Name of person giving information		Days		Days		Days	
Charles H. Price		Days		Days		Days	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
No Malady - Old Age		2 months	
Immediate		How long	
Old Age		2 months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. G. G. Mitchell	
Accident or Suicide?		Address	
		Glencoe, Md. Bacto. Co.	

Interment at Friends  
Cemetery Bucks Co  
June 6<sup>th</sup>

Please return permit  
& Oblige

M. C. Parks

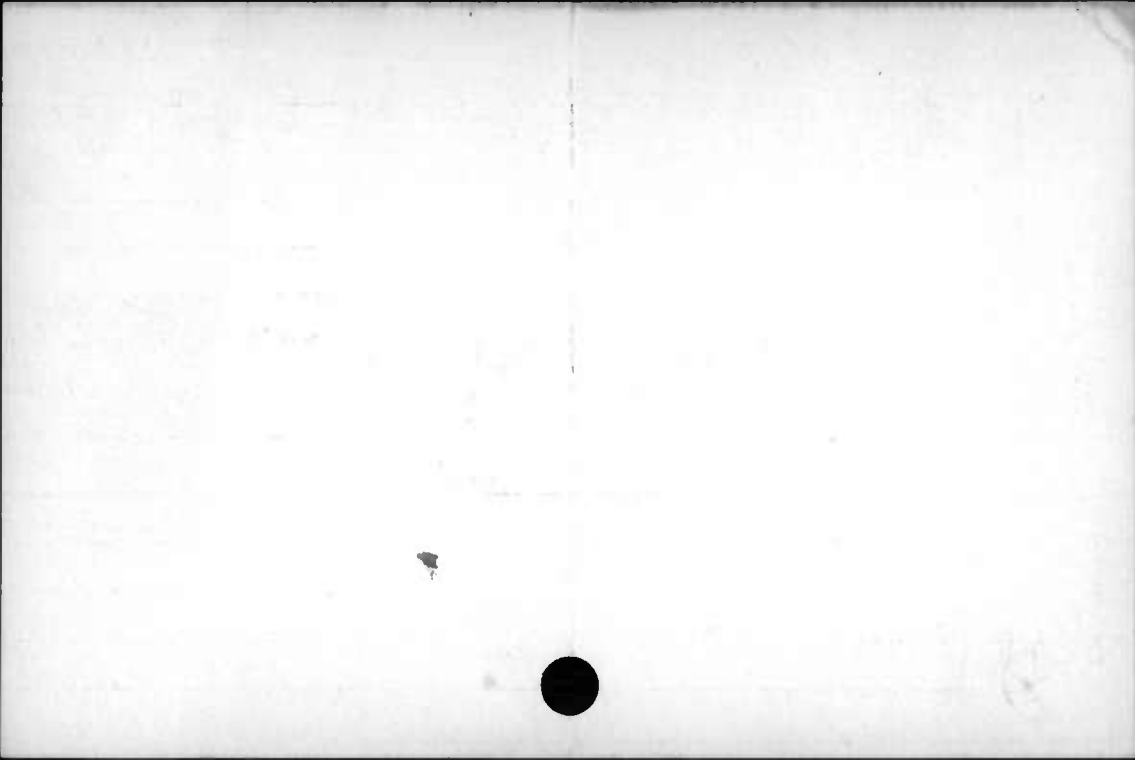
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at <i>Blenheim</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>5</i>	Age <i>4</i>	Years	Months	Days <i>4</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto. Co. Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>				
Name of Wife or Husband <i>None</i>							
Father's Name <i>Joseph Quickley</i>				Father's Birthplace <i>Balto. Co. Md.</i>			
Mother's Maiden Name <i>Susan Hollis</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Leaser Hawkins</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>ten days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mr. S. Green</i>
	Address <i>Sittings, Md.</i>
Accident or Suicide? <i>None</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Balto.</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>April</i>		Day <i>30</i>		Age <i>43</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

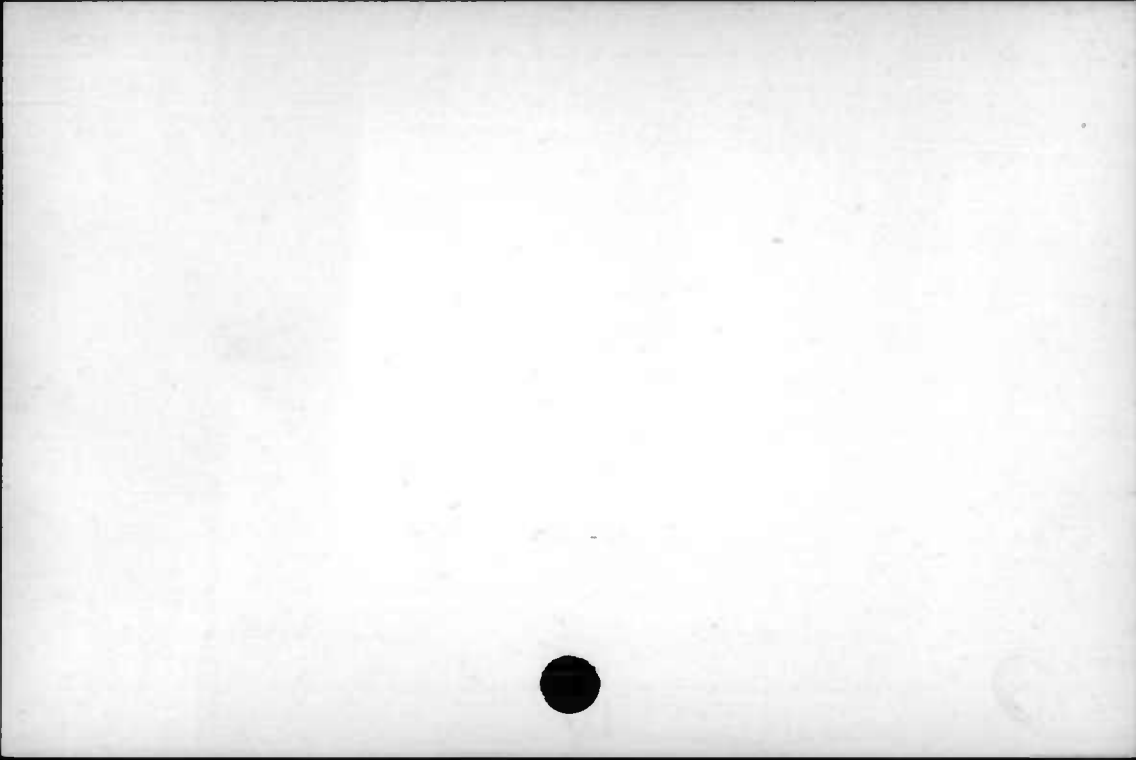
## CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Heart-Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

Carville H. Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Marsh</i> Town		<i>Baileys</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>20</i>	Age <i>—</i>	Months <i>—</i>	Days <i>12</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo A Richardson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Alice A Robinson</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Geo A Richardson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile Convulsion</i>	How long <i>2 or 3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John W. Harrison M.D.</i>
	Address <i>2nd St. Pikesville, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Catherine A Rector				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mt Hope		Baltimore		MARYLAND	
	Date of death	190	April	1st	Age	66	Months — Days —
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death		Baltimore Md	
	Married, Single or Widowed	Single		Name of Wife or Husband		Unknown	
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	"
Name of person giving information	Reeds of Mt Hope				How related to deceased	not at all	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Mania				How long	1 year
	Immediate	Exhaustion				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				L B Ensor		
	Address				Mt Hope Ind.		
Accident or Suicide? No							



1/2



Name

in  
Full

## CERTIFICATE OF DEATH

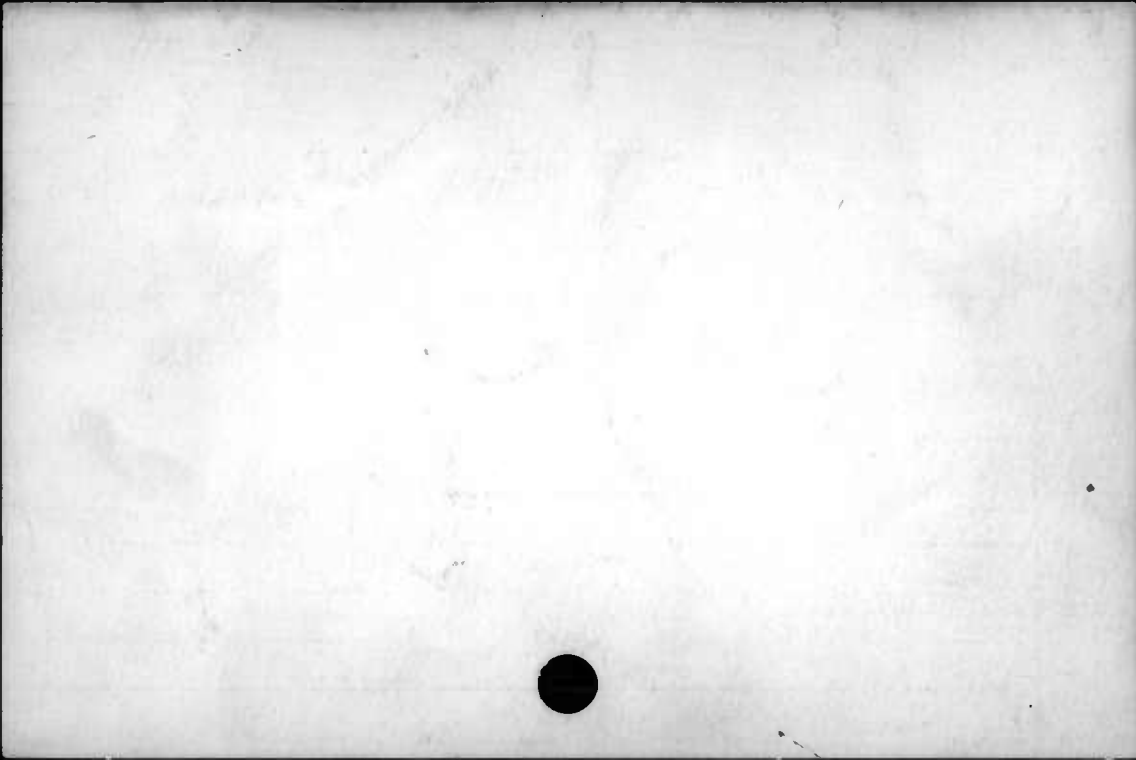
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beachfield</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup> <i>Balto.</i>		MAYLAND	
Date of death 190 <i>5<sup>th</sup></i> <sup>Month</sup> <i>April</i> <sup>Day</sup> <i>24<sup>th</sup></i> <sup>Years</sup> <i>72</i>	Age	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Ireland.</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>None</i>		
Name of Wife or Husband			
Father's Name <i>Thomas Roach</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Bridget McGraw</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving In formation <i>Annie Roach</i>		How related to deceased <i>daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease of Kidneys</i>	How long <i>Some months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. S. Reynolds M.D.</i>
Accident or Suicide? <i>No.</i>	Address <i>1009 1/2 Charles St.</i>



Name  
in  
Full

William Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Kerby's Park		County Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		4	9	Age 2			
Sex		Color or Race		Birth-place			
Male		colored		Kerby's Park			
Occupation				Where Residing if not at place of death			
				Kerby's Park			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William Robinson				MD			
Mother's Maiden Name				Mother's Birthplace			
Alice Williams				MD			
Name of person giving information				How related to deceased			
Nancy Ogbe				friend			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	3 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		B. Hall	
		Address	
		117 Minors	
Accident or Suicide?			

Geo. Hooper.

Mt Auburn.



Name in Full		Mary Sammeth				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton		County Baltimore		MARYLAND
	Date of death	1905	Month April	Day 16	Age	14	Months 2
	Sex Female		Color or Race White		Birth-place Baltimore Md.		
	Occupation None		Where Residing if not at place of death				
	Married, Single or Widowed single		Name of Wife or Husband				
	Father's Name Nicholaus Sammeth				Father's Birthplace Germany		
	Mother's Maiden Name Maria Giberich				Mother's Birthplace Germany		
Name of person giving information Maria Sammeth				How related to deceased Mother			
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary		Pleuro Pneumonia			How long about a week	
	Immediate		Collapse			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician H. C. Church, M.D.		
	Address		107 3 Canton St.				
Accident or Suicide?							

Sacred Heart Cemetery

April 4<sup>th</sup> 1905

Germanus France

Under Taken

Name  
in  
Full

May Schroeder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Catonsville<sup>County</sup> Baltimore

Date of death 1905 Apr

Day 25 Age 31

Months

Days

Sex Female

Color or Race White

Birth-place Woodberry Ind

Occupation Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband George Schroeder

Father's Name Edward Zerlaut

Father's Birthplace Kentucky

Mother's Maiden Name Emma Clark

Mother's Birthplace California

Name of person giving  
In formation George SchroederHow related  
to deceased Husband

## CAUSES OF DEATH

Primary Acute Parenchymatous Nephritis

How long 3 mos

Immediate Cirrhosis

How long 2 1/2 yrs

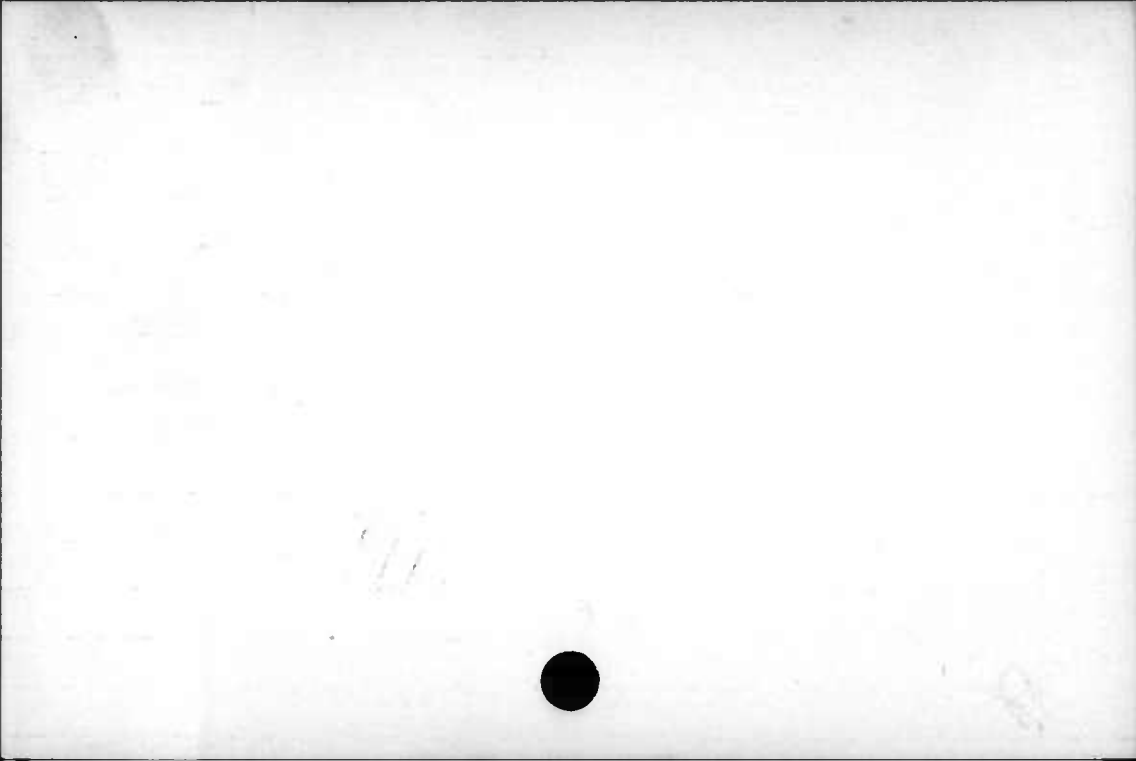
Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician M. H. Mattfeldt

Address Catonsville Ind

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190		Month <i>5</i>	Day <i>4</i>	Age <i>26</i>	Years <i>26</i>	Months <i>7</i>	Days <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>[Blank]</i>							
Father's Name <i>Karl Schvieyer</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Minna Kitzig</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving In formation <i>Albert Schvieyer</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tubercular Meningitis</i>	How long <i>17</i>
Immediate	<i>Paralysis of the Brain</i>	How long <i>17</i>
Are the name, age, sex, color, date and place correctly given above? <i>y es</i>		Signature of Physician <i>[Signature]</i>
Address <i>1400 Fair St etc</i>		
Accident or Suicide? <i>[Blank]</i>		



Name  
in  
Full

Mrs Jennie Sher

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Dover<sup>County</sup> Balto.

MARYLAND

Date of death 1905 April

Day 14

Age 34

Months

Days

Sex Female

Color or Race White

Birth-place Europe

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Wm. Sher

Father's Name X ~~Abraham~~ Sher Isaac Marks

Father's Birthplace Russia

Mother's Maiden Name X

Mother's Birthplace

Name of person giving information Saul Baum

How related to deceased Friend

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

Ten days

Immediate

Heart Failure

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

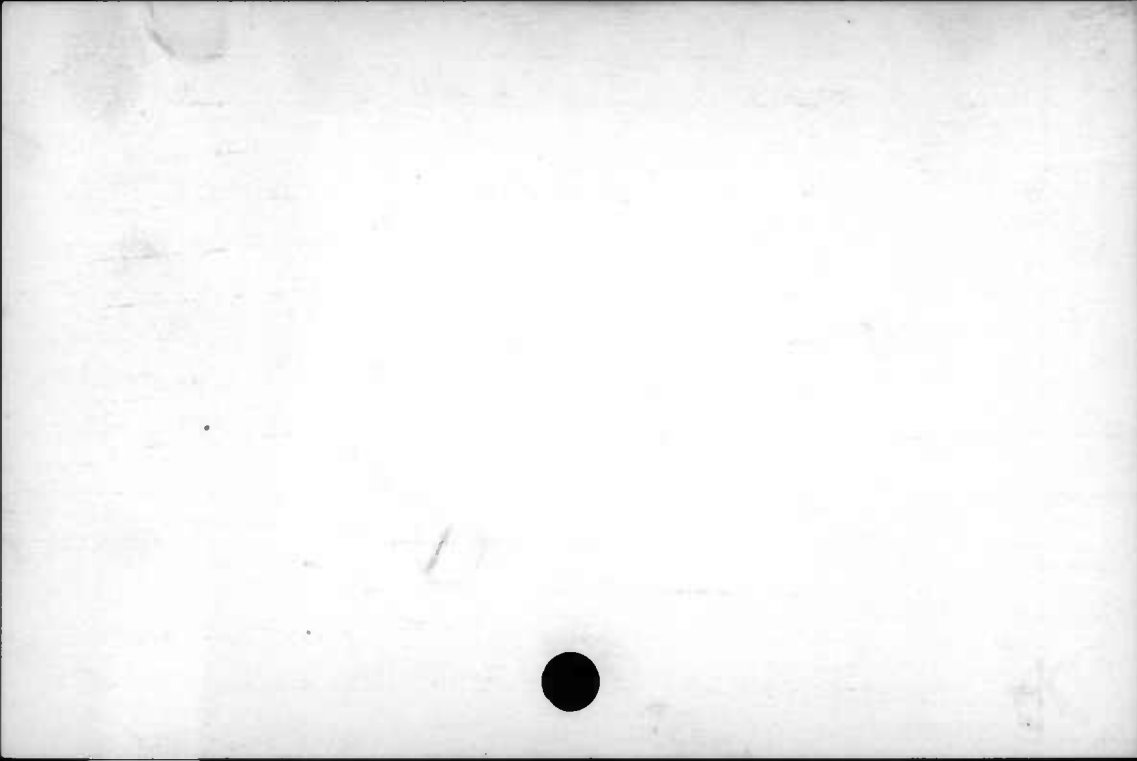
I. R. Price

Address

Plymouth Ma

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Daniel Smith* Town *Poppler Heights* County *Baltimore*

Died at *Poppler Heights*

Date of death 190 *April* Month *7* Day Age *15* Years Months *10* Days *22*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death *Miss ave*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Winus Smith* Father's Birthplace *Holland*

Mother's Maiden Name *Fronie Padick* Mother's Birthplace *Holland*

Name of person giving information *Peter Kafka* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Gum shot wound in stomach* How long *—*

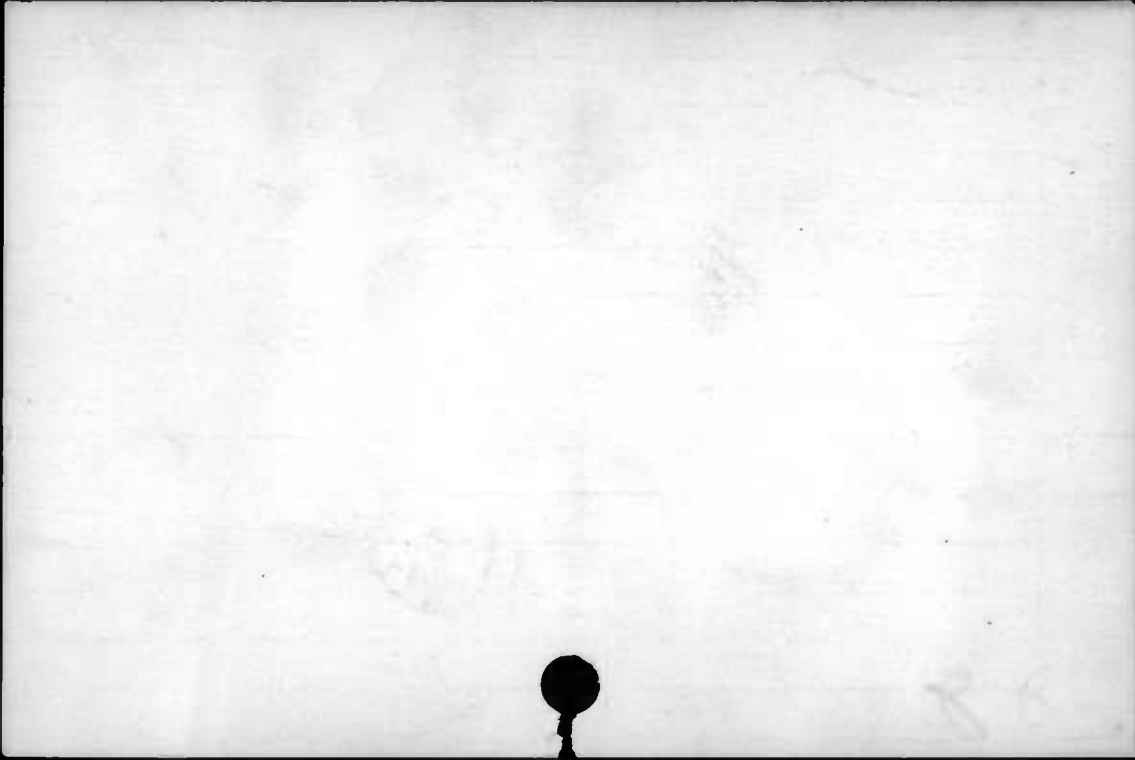
Immediate *Hemorrhage* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Coroner John E. Muelley*

Address *246 O'Donnell st*

*Accident or Suicide?* *Accident*



Name in Full

Certificate of Death

Robert Taylor  
 Town County

Died at

Date 18

Male  
 Female

Husband  
 of  
 Wife  
 Father's  
 Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Housewife

Native of

n.c.

Y. M. D.

Age 19 8 -

Married

Widow

Divorced

Single

Widower

Number of children living

William Taylor  
 Mother's Name

How long sick

9 days

Accident, Suicide, Homicide

1120 Highland

Asbury Amulet  
Theodore White.

Name  
in  
Full

Charles Wesley Thomas

CERTIFICATE OF DEATH

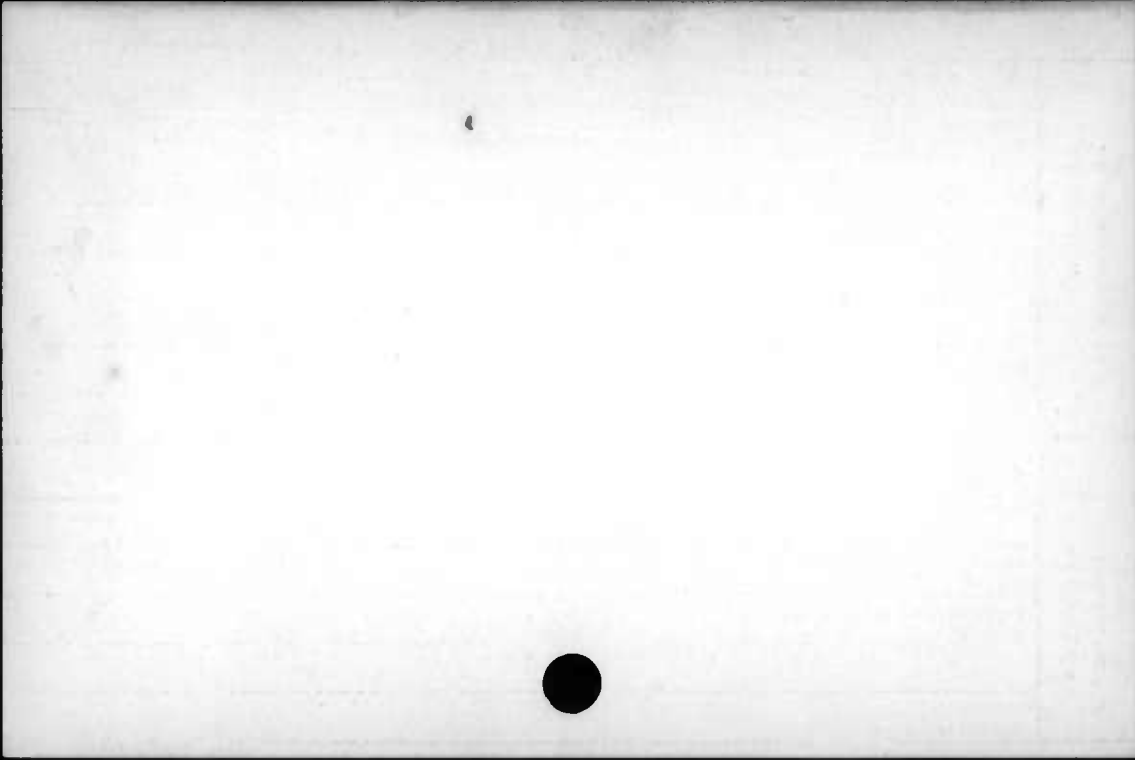
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death 1905		Month April	Day 14	Age	Years	Months 2	Days 29
Sex Male		Color or Race White		Birth- place Baltimore			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Frank M. Thomas				Father's Birthplace Lincolnton			
Mother's Maiden Name Annie S. Williams				Mother's Birthplace Brylston, Md.			
Name of person giving In formation Father				How related to deceased Parent			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	
Signature of Physician E. R. Albright	
Address Glen Rock, Pa.	
R. F. D. #1	
Accident or Suicide?	



Name  
in  
Full

William Thomas

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Tawson

13alto

Date

Month

Day

Years

Months

Days

of death 1905

4

7

Age at birth

Sex

male

Color or  
Race

Calend

Birth-  
place

Tawson

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John Thomas

Father's  
Birthplace

Md

Mother's  
Maiden Name

Amanda Miller

Mother's  
Birthplace

Md

Name of person giving  
In formation

Father

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Died at birth 8.

How long

—

Immediate

Yes

How long

—

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Mary Watkins Midwife

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sandy Bottom

Burial attended

by father of  
child



Name  
in  
Full

Herbert-Charles Turner

## CERTIFICATE OF DEATH

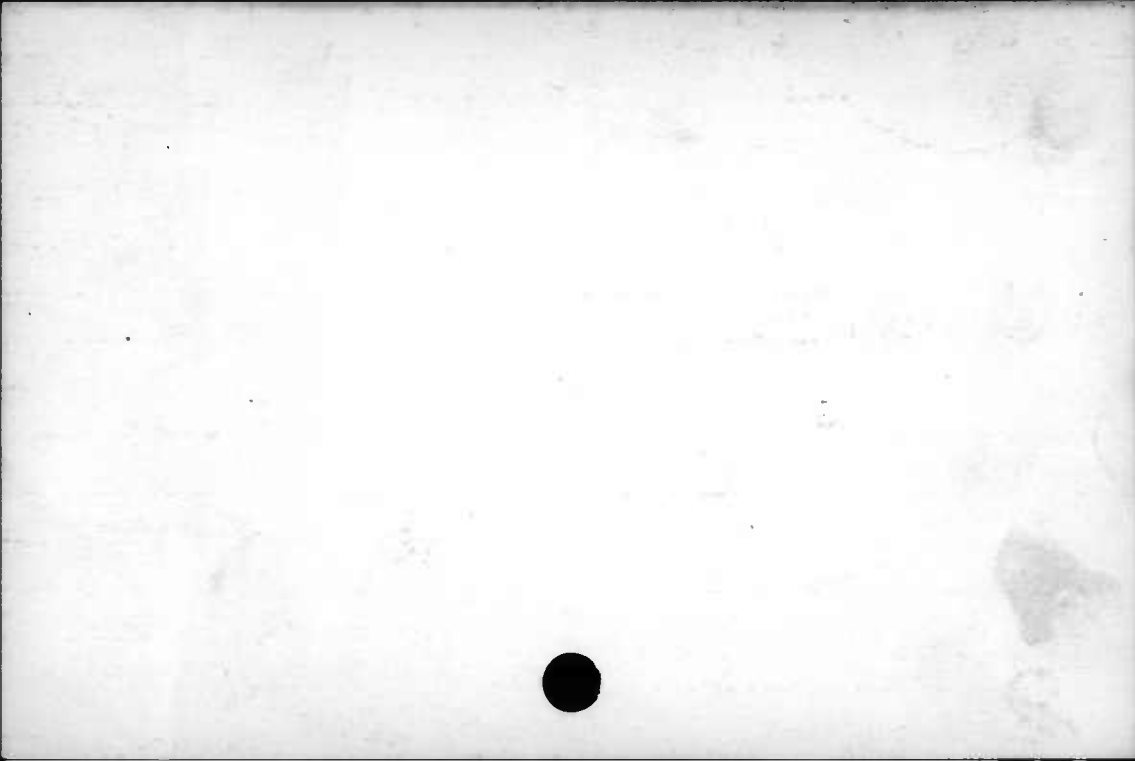
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <sup>Town</sup>			<u>Baltimore</u> <sup>County</sup>			MARYLAND	
Date of death <u>1905</u> <sup>Year</sup>		<u>April</u> <sup>Month</sup>	<u>9</u> <sup>Day</sup>	Age <u>17</u> <sup>Years</sup>	<u>17 mos</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>	
Sex <u>male</u>		Color or Race <u>Colored</u>		Birth-place <u>Catonsville</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles Turner</u>			Father's Birthplace <u>Catonsville</u>				
Mother's Maiden Name <u>May Anderson</u>			Mother's Birthplace <u>"</u>				
Name of person giving information <u>Chas Turner</u>			How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>2 wks</u>
Immediate	<u>Asthma</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>Marshall B. West</u>
		Address	<u>Catonsville, Md.</u>
Accident or Suicide? <u>—</u>			



Name  
in  
Full

Mrs Elizabeth Anna Underwood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sporth</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>April</i>	Day <i>27</i>	Years <i>73</i>	Months <i>10</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Balto Geo Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Balto-Geo Md</i>		
Married, Single or Widowed		Name of Wife or Husband <i>George A Underwood</i>			
Father's Name <i>Lavi Kesler</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Madeline Smith</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Sister Mrs Gayle</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Injury - Left Hip -</i>	How long	<i>10 weeks</i>
Immediate	<i>Transition. Spinal Degeneration</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr B. B. Bauson</i>	
		Address <i>Cockeysville Md</i>	
Accident or Suicide? <i>Accident</i>		<i>Primary Fall</i>	

Cemetery  
Interment at Jessup  
Saturday Nov 29

W. C. Brewster

Name  
in  
Full

William Wachauf

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Oak Hill Cemetery* <sup>Town</sup>*Baltimore* <sup>County</sup>

MARYLAND

Date  
of death *1905*Month  
*Apr*Day  
*22*Age  
*47*

Months

Days

Sex

*Male*Color or  
Race*White*Birth-  
place*Bohemia*

Occupation

*Miller*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Antonie Wachauf*Father's  
Name*Karl Wachauf*Father's  
Birthplace*Bohemia*Mother's  
Maiden Name*don't know*Mother's  
BirthplaceName of person giving  
In formation*Antonie Novotny*How related  
to deceased*Niece*

## CAUSES OF DEATH

Primary

*Suicide with a revolver*

How long

Immediate

*" " "*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Fred L Pfeffer*

Address

*1218 First St  
Balto., Co., Md*

Accident or Suicide

*Suicide*

Coach

Oak Hill Cemetery

Name  
in  
Full

Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Relay</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1905	Month	April	Day	24th
Sex <u>Female</u>		Color or Race <u>White</u>		Age	—
Occupation		Birth-place		Months	Days
		<u>Maryland</u>			<u>4</u>
Where Residing if not at place of death			—		
Married, Single or Widowed		Name of Wife or Husband			
<u>Single</u>		—			
Father's Name		<u>Clement E. B. Ward</u>		Father's Birthplace	<u>Indiana</u>
Mother's Maiden Name		<u>Blanche E. Smith-Bagnale</u>		Mother's Birthplace	<u>Kansas</u>
Name of person giving information		<u>C. E. B. Ward</u>		How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Unknown</u>	How long	—
Immediate	<u>Heart failure</u>	How long	<u>Momentary</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Wm R. Eareckson</u>
		Address	<u>Elk Ridge, Md.</u>
Accident or Suicide?			

B. G. R. Exp.



Name  
in  
Full

Fannie Waters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Aceth Level* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death *1905* <sup>Month</sup> *4* <sup>Day</sup> *7* <sup>Years</sup> *72* <sup>Months</sup> <sup>Days</sup>

Sex *Female* Color or Race *Colored* Birth-place *Balt. Co*

Occupation *Housewife* Where Residing if not at place of death

~~Married, Single~~ or Widowed Name of Wife or Husband *James Waters*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Frank Waters* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Pneumonia Pulmonalis* *Cardiac Cathorosis* How long *10 yrs*

Immediate *27* How long *Two hours*

Are the name, age, sex, color, date and place correctly given above?

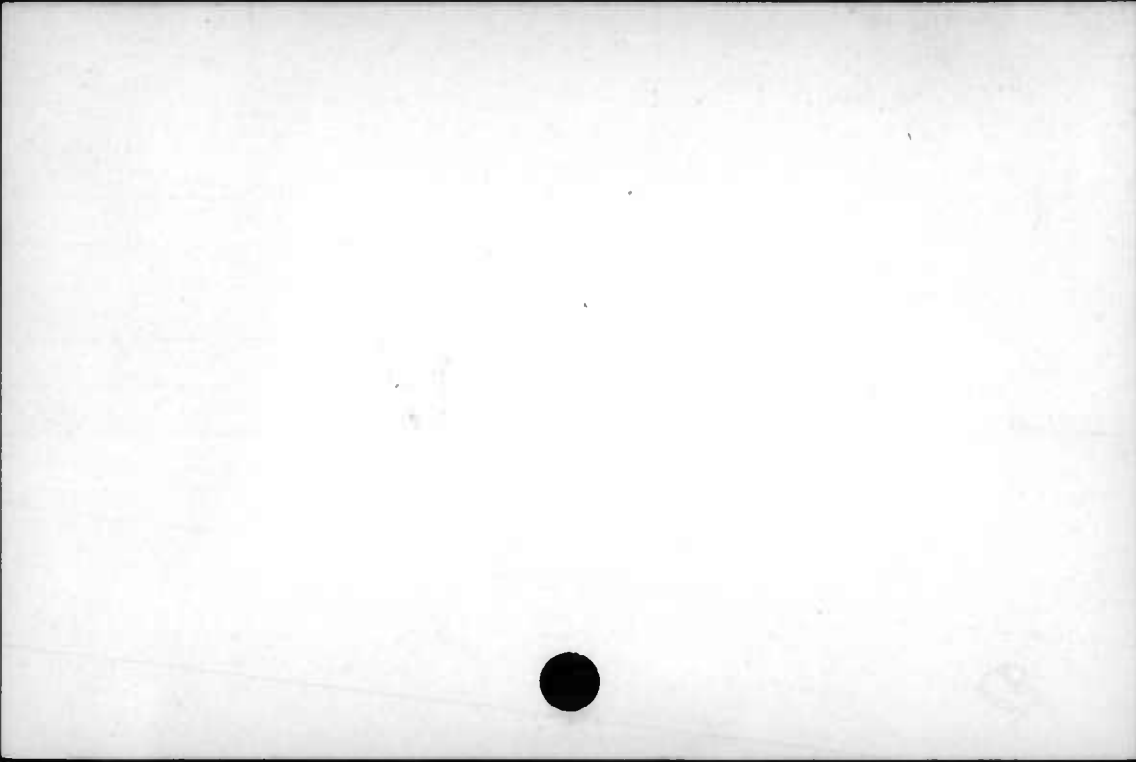
Signature of Physician

*Thomas Taylor*

Address

*Pikeville Ind*

Accident or Suicide?



Name  
in  
Full

Leona Martha Watson


CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	5	4	21		5	24	
Sex	Female		Color or Race	White		Birth-place	Balt'r Co.
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband C							
Father's Name	John W. Watson				Father's Birthplace	England	
Mother's Maiden Name	Sarah J. Jenkins				Mother's Birthplace	Wales	
Name of person giving information	Sarah J. Watson				How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis, Bronchitis		How long	2-3 weeks.
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. H. Wright		
		Address 1121 Canton St.		
				
Accident or Suicide?				

Mount Carmel  
H. Sander & Sons

Name  
in  
Full

John H. Watson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Santon</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190	<u>5</u> <small>Month</small>	<u>4</u> <small>Day</small>	Age	<u>46</u> <small>Years</small>	<u>5</u> <small>Months</small> <u>26</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>England</u>
Married, Single or Widowed	<u>Married</u>		Occupation	<u>Laborer</u>	
Name of Wife or Husband	<u>Sarah Watson</u>				
Father's Name	<u>John Watson</u>			Father's Birthplace	<u>England</u>
Mother's Maiden Name	<u>Not Known</u>			Mother's Birthplace	<u>Not Known</u>
Name of person giving information	<u>Sarah Watson</u>			How related to deceased	<u>Wife</u>

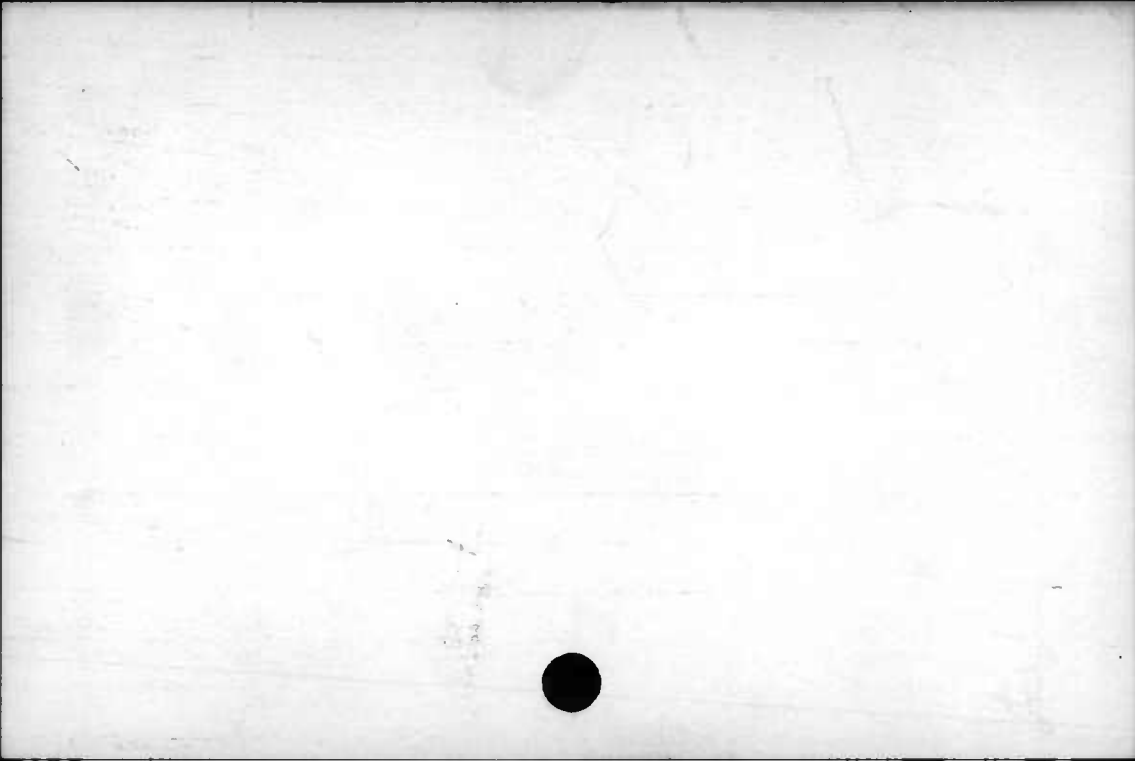
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pericarditis &amp; Phthisis Pulmonalis</u>	How long	<u>2</u>
Immediate	<u>Exhaustion</u>	How long	<u>2</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. E. Wooden M. D.</u>
		Address	<u>736 E. Preston St.</u>
Accident or Suicide?	<u>—</u>		

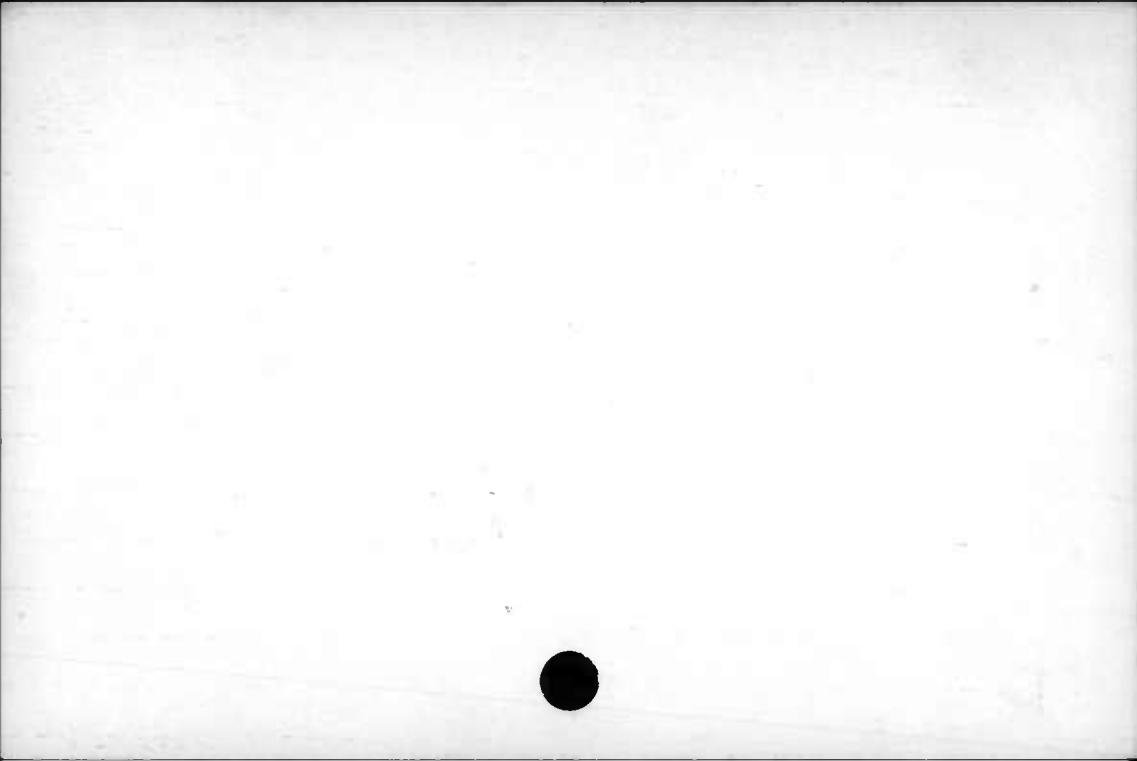
J. Sanders & son  
Mt Carmel Cemetery -

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND	Thirza E. Webb		Town Alberton		County Baltimore	
	Died at		MAYLAND			
	Date of death	1905	Month April	Day 8	Age 2	
	Sex Female	Color or Race White		Birth- place Alberton, Md		
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name Ernest E. Webb		Father's Birthplace London Co, Va			
	Mother's Maiden Name Inez Stone		Mother's Birthplace London Co, Va			
Name of person giving In formation		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Malarial Fever		How long 10 days		(4)	
	Immediate Meningitis		How long 5 days			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
	Yes		J. Farley Waltemeyer, M.D.		Alberton, Md	
	Accident or Suicide?					





Name in Full		Rebecca Weinstein				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Fullerton		<sup>County</sup> Cal.		MARYLAND	
		Date of death 1905		Month Apr		Day 29	
		Age 30		Months		Days	
		Sex female		Color or Race white		Birth place Russia	
		Occupation Housework		Where Residing if not at place of death 1 month Fullerton			
		Married, Single or Widowed Married		Name of Wife or Husband David Weinstein			
		Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Isaac Friedman		How related to deceased friend			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Pulmonary Phthisis		How long 2 yrs			
		Immediate Exhaustion		How long 2 wks			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician		Address	
		Accident or Suicide?		Country office		14th St	



Name  
in  
Full

Benjamin S. West

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	5	Month 4	Day 25	Age 76	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Virginia</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>Farmer</i>
Name of Wife	<i>Lillian West</i>						
Father's Name	<i>_____</i>					Father's Birthplace	<i>_____</i>
Mother's Maiden Name	<i>_____</i>					Mother's Birthplace	<i>_____</i>
Name of person giving In formation	<i>H. H. Mathews</i>					How related to deceased	<i>None</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>about 10 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. E. M.</i>
		Address	<i>Pikesville Md</i>
Accident or Suicide?			

678

Jacob H. Crall.  
London Park

Name  
in  
Full

*Philena White March*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wt Washington</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	<i>April</i> <sup>Month</sup>	<i>27</i> <sup>Day</sup>	Age <i>48</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>		Occupation _____			
Name of Wife or Husband _____					
Father's Name <i>John</i>			Father's Birthplace <i>Mass.</i>		
Mother's Maiden Name <i>Mary</i>			Mother's Birthplace <i>Balto</i>		
Name of person giving information <i>Elizabeth Blake</i>			How related to deceased <i>Aunt.</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>2 yrs</i>
Immediate <i>Stroke</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. H. Beeton M.D.</i>
	Address <i>Wt Washington</i> <i>Jas H Berner Cor.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

C. H. Buzzard

Name  
in  
Full

Pauline E Wilhelm

## CERTIFICATE OF DEATH

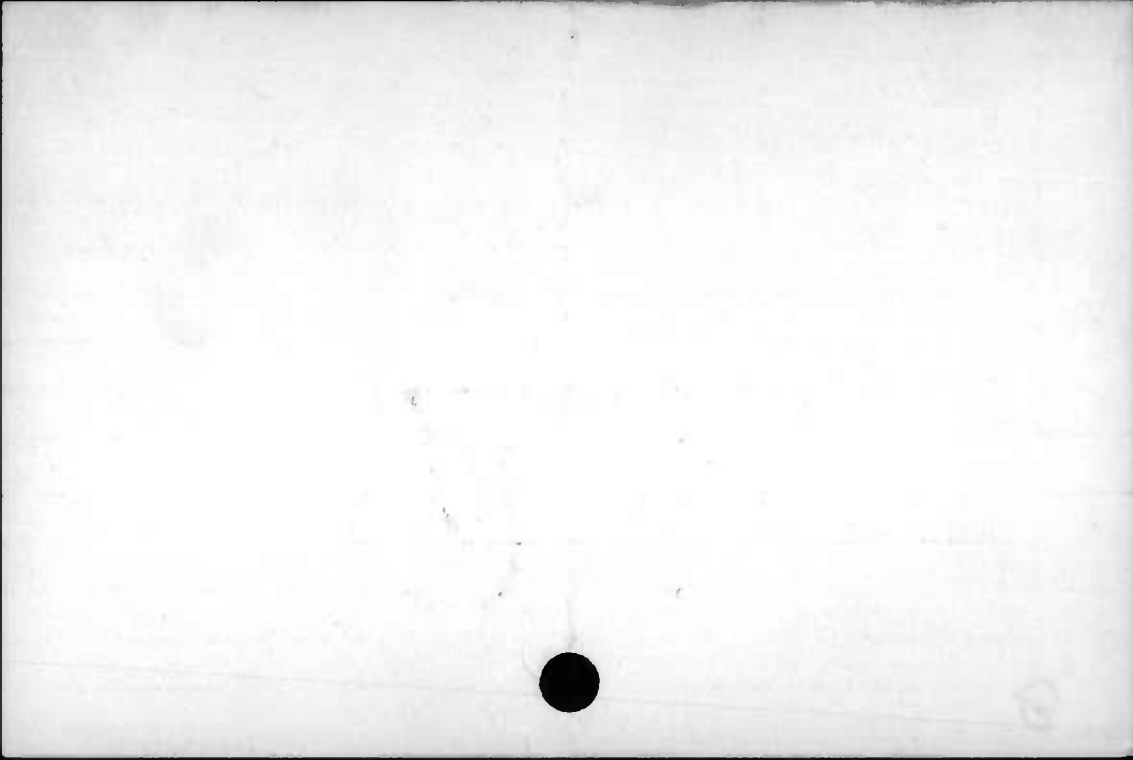
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spanish Point</i>			Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>10</i>	Age	Years	Months <i>10</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Spanish Point</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name <i>Robert Wilhelm</i>				Father's Birthplace <i>Me</i>				
Mother's Maiden Name <i>Laura League</i>				Mother's Birthplace <i>Me</i>				
Name of person giving Information <i>Robert Wilhelm</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infantile Atrophy</i>	How long	<i>4 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. L. Eldred M.D.</i>	
		Address <i>Spanish Point</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

Elias Ed. York

## CERTIFICATE OF DEATH

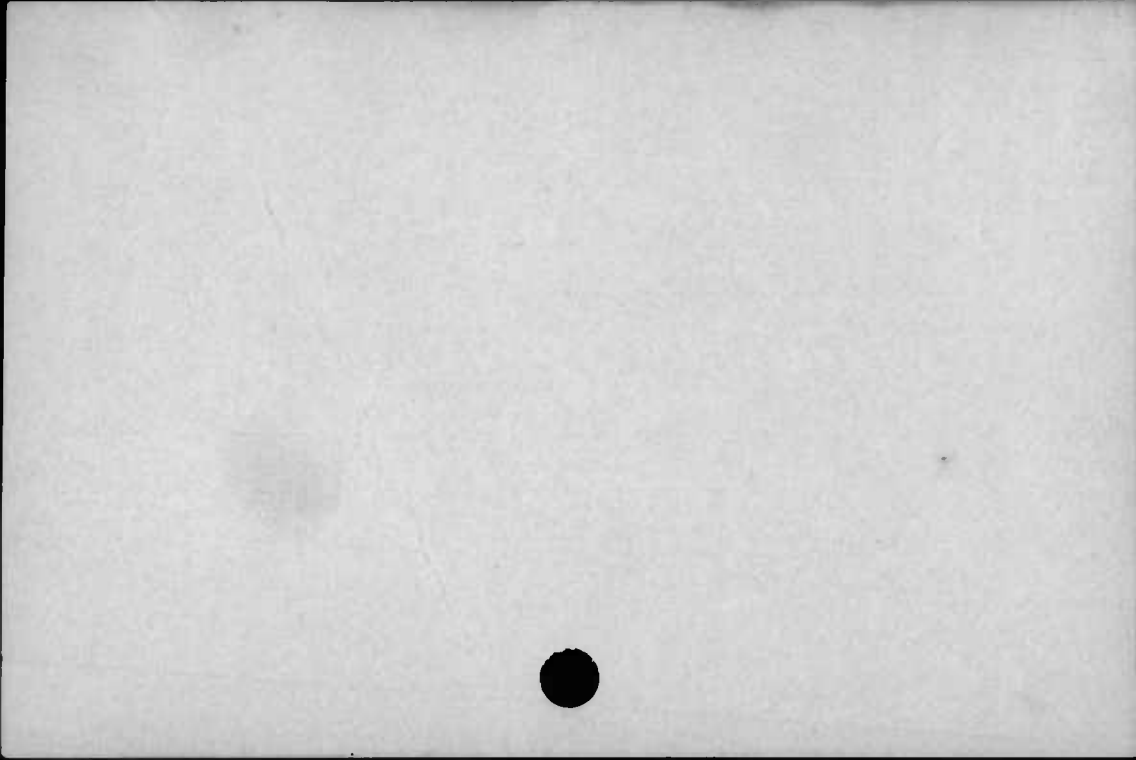
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Beechwood P.O.,		Baltimore		MARYLAND	
Date of death	1905	Month	April	Day	37	Age	2
Sex	Male		Color or Race	White		Birth-place	md
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Howard Ed York				Father's Birthplace	md	
Mother's Maiden Name	Gertie E. York				Mother's Birthplace	md	
Name of person giving information	Chas York				How related to deceased	Grandfather	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	1 week
Immediate	Heart Failure	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W. Hancin
		Address	Missile Point md
Accident or Suicide?	md		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant Quick</i>		Town <i>Highlandtown</i>		County <i>Balto. Co.</i>		MARYLAND	
Died at <i>Highlandtown</i>		Date of death <i>1905</i>		Month <i>Apr.</i>		Day <i>11</i>	
Age <i>1</i>		Years <i>1</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Highlandtown</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Harry Quick</i>				Father's Birthplace <i>Balto.</i>			
Mother's Maiden Name <i>Hannah Ader.</i>				Mother's Birthplace <i>Balto.</i>			
Name of person giving information <i>Harry Quick</i>				How related to deceased <i>Father.</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stomach of brain due to birth</i>	How long	<i>14</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>1400 First St.</i>	
Accident or Suicide?			

Louis Hermann

Bachman's Amelny —

Name in Full						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Horn Point		County Baltimore		MARYLAND	
	Date of death		1905		Age		52	
	Month Apr		Day 22		Years		Months Unknown	
	Sex Female		Color or Race		White		Birth- place	
	Occupation None		Where Residing if not at place of death		Ireland		Days Unknown	
	Married, Single or Widowed		Married		Name of Wife or Husband			
	Father's Name		Unknown		Father's Birthplace		Unknown	
	Mother's Maiden Name		Unknown		Mother's Birthplace		11	
Name of person giving In formation				How related to deceased		Not at all		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Acute		How long		2 mos	
	Immediate		Exhaustion		How long		1 hr or less	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. J. Plummer M.D.	
	Accident or Suicide?				Address		Horn Point Baltimore	

